

1713 - Ruth Sleeper 1946-1966

156 - Sleeper, 1953-1959

DEAR STUDENT NURSES

OF

IOWA

Last spring it was my good fortune to go to Switzerland as a member of the United States Delegation to the Sixth World Health Assembly. Knowing that I would speak to many student nurses this fall, you were all frequently in my thoughts. I wondered what you would like to hear about the trip, what you would already know about this great organization which works for world-wide health, what you should know about the World Health Organization programs as citizens who are making significant contributions in your own spheres to the improvement of the health in one small segment of the world's population. So I tried to make notes to bring home to you. What I say to you is in a sense a bit of my diary, given to you now that you may share in this unique experience.

5:10 P.M.
Taking off from Geneva

Dear Student Nurses:

A few minutes ago I boarded the Air France plane bound from Geneva to Paris. Now I am high above the green fields of France. Below the earth appears like patchwork, a tremendous quilt kept in thrifty and orderly fashion because it is so much beloved by those who tend it. Some fields are yellow with blossoming mustard, many are of contrasting shades of green, interspersed with the browns of newly plowed earth. Here and there a low-lying cloud casts a shadow across the fields, dulling the brilliance of their colors. But our plane hurries on without apparent thought of the people who live below, who work the fields that many may be fed, or of the people below whose joys may be dimmed by the passing cloud.

In retrospect my past three weeks seem very like a patchwork. New faces, for all races shared equally and proudly in both work and play. Unfamiliar scenes - the indescribable beauty of the snow covered Alps, the tiny milk wagons drawn through the village streets by dogs, the goats driven through the main street of the mountain village to pasture on the hillsides. Strange language barriers which must be overcome if men everywhere are to work together for the common good - the meal ordered in French which produced a large chunk of raw beef surmounted by a raw egg, the conversation in French with the Spanish speaking delegate from Uruguay who wanted to discuss a memorial to Florence Nightingale.

There were shadows over my patchwork too: the sad face of the little old man, delegate from Viet Nam, which reflected the agony of a small nation decimated by war; the unsmiling young men from Korea and Laos; the distress of the delegate from Austria because the nation, once a great country, was just returned to the World Health Assembly and too impoverished in men and money to contribute to the world-wide need; the empty seats behind the Burma sign because the Burmese delegates en route to the Assembly had been killed in a jet crash.

But we all, too, like my plane today hurried on with the meetings, the get-acquainted receptions, the daily study of reports, apparently unconcerned about the clouds. Yet we were really not callous to the feelings of the members, or the Assembly's great potential for better living for all people.

I am getting ahead of my story. The World Health Organization is a specialized agency, established within the terms of the Charter of the United Nations. Its membership is composed of states: originally 67; today 74 with full membership, and 9 Iron Curtain countries which are inactive.

The headquarters of W.H.O. are in the Palace of the Nations, the United Nations Headquarters in Geneva. High on a hill facing the Alps and

backed by the rugged Jura Mountains sit the beautiful marble buildings, a tribute to peace. Its very construction bespeaks the cooperative unity of its purpose. The building materials came from Switzerland and France, the architects and the building committee from Switzerland, France, Czechoslovakia, Greece, Columbia, the United Kingdom, and Japan. The decorations were contributed by France, Australia, New Zealand, Spain, England, Czechoslovakia, Switzerland, Sweden, Denmark, South Africa, Latvia, Netherlands, Italy, and Hungary. The library was given by John D. Rockefeller.

Here in this beautiful building work the permanent staffs of a part of the United Nations and the specialized agencies. Here were meeting in May the International Telecommunication Union, The Commission on Human Rights, and the Sixth World Health Assembly.

It is, of course, the people and the organizations they build which give spirit and life to great architectural monuments such as the Palais des Nations. The World Health Organization was built upon the principles that "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition", that "The health of all peoples is fundamental to the attainment of peace and security", that "The achievement of any State in the promotion and protection of health is of value to all", that "Unequal development in different countries in the promotion of health and the control of disease, especially communicable disease, is a common danger", that "The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health", that "Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people", and finally

that "Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures."

The light is on, - the seat belt must be fastened, for this is Paris! More about the W.H.O. later.

Now I am in Orly, France. My bags are checked for Boston and I am established on the balcony of the airport ready to go on with your letter. Only a brief glance of the city's chimney tops as we flew over, and nothing but sky can be seen from this side of the building. As I have chosen to stay in the airport, and have not checked with the passport authorities or filed a debarkation card, I am herded with others in the international transit room to wait. Yes, I am the foreigner, the queer one, the person with the strange language and customs. And what a difference to be the one the majority cannot understand! How lost and lonely one can be made to feel, whether a patient, or a traveler in a strange land. How good the American voices sounded which just passed by!

The planes are coming in fast just now! London, Frankfurt, Madrid, Tokyo, Damascus, Karachi, Athens, Rome - dark skinned peoples from the East, little girls and boys in European dress with the Arabian head piece; Indian women in their bright saris; men from Afghanistan with their turbans; a momentary melting pot. I wonder if any understandings can come from such brief contacts? Will such rapid transition facilitate or confuse adjustments?

Well, if I am to tell you all the news I planned this philosophizing must stop quickly. So, back to W.H.O.

The work of the World Health Organization is carried on during the year by a staff of approximately 660 people, divided among three groups; those working

in the specific program of the W.H.O., those assigned to the Technical Assistance projects which the United Nations delegates to the World Health Organization, and a few who are at work on programs made possible by funds received from the UNICEF (United Nations International Children's Emergency Fund). Although the larger number of these professional, technical, and office workers come, of course, from the countries in which health facilities are best developed, it is also true that in 1953 every member country is represented in the staff by at least one worker. Reading the list of members is like taking a quiz in geography. How good would you be, I wonder, if asked to locate at a moment's notice Nepal, Sierre Leone, Uganda, Tanganyika? The Atlas so carefully packed was unfortunately not always available at receptions or luncheons, or even meetings. But perhaps this was just as well, for what mattered most after all was the ability of the doctor of public health from Liberia to speak eloquently, or the leadership displayed by the doctor from Pakistan, or the earnestness of the young man from Libya. The fact that W.H.O. now has regional offices in six different parts of the world increases the opportunities for all people everywhere to participate more actively. These regional offices are located in Brazzaville, French Equatorial Africa, in Washington for the Americas, in New Delhi, India, for Southeast Asia, in Geneva for the European area, in Alexandria for the Eastern Mediterranean, and in Manila for the Western Pacific Region.

The program of the World Health Organization is based on the principle that the greatest and most lasting values ensue when peoples are helped to do for themselves. Consequently, the programs at W.H.O., both at the headquarters and in the regional offices, are enabling programs. Teams of experts sent into the underdeveloped countries to work with and strengthen the local health authorities in training personnel, building schools, hospitals, and sanitary facilities, setting up plans for epidemic and endemic disease control and programs of health education. A large sum of money is spent each year for fellowships to permit doctors, nurses, sanitarians and others to go abroad for study in order that the

countries may develop their own groups of experts.

The World Health Assembly meets annually to plan the program and budget for the organization. In this assembly sit the delegates of all the member countries. Some national delegations are large, some small, but regardless of the country's resources, of its payment into W.H.O., or the expertness of its representatives, each country has but one vote. There exists, as nearly as the organization can provide for it, equality for all. Business between the Annual Assemblies is conducted by a Board which, although smaller, is representative.

Time is moving along, and I must go to dinner now, but I shall have a few more minutes after dinner to tell you about it.

Well, dinner was very interesting. My meal had been provided on my ticket, but I had no check. However, on my overnight bag was a large red, white and blue tag reading "Delegation of the United States of America, Division of International Conferences, Department of State". Uncle Sam's colors speak loudly, and such tags are not usually overlooked. So down stairs went the waiter to secure my check. Sitting a bit forlornly at the side was a young girl alone. So I suggested she eat with me. Then began the complications. She was German, married to an ex G.I. from North Carolina, and now on her way to join him in Casa Blanca. She, too, wanted dinner, but Swiss Air does not provide it. The Swiss Air man spoke only French, she, none. He made it very clear that she could have no dinner at all. The waiter concurred. My French which usually failed me finally came to my rescue to enable me to say "But she has francs to pay for dinner". That, too, seemed un-understandable, and back came the answer, "The dinner is 1300 francs, has she that much"? She agreed she had, so finally my dinner completed, hers was served, and I left her to return to you.

You would have been proud of your delegation. To be sure, it was the largest there, and this country through arrangements of the United Nations pays one third of the W.H.O. budget, and contributes a large share of the budget for the Technical Assistance Program. Yet never did I see any pressure exerted, never any member pushing himself forward, always kindness and friendliness. The Chief of the United States Delegation was the Surgeon General of the United States Public Health Service, Doctor Leonard Scheele; the two other delegates were doctors, one a president of a university; one a private practitioner. The advisors included three other doctors from the United States Public Health Service, two of whom are in the Division of International Health; two congressmen; three doctors from the military services; one state health officer; two representatives of the State Department; and me. There were also from Washington two secretaries.

The U. S. delegation met daily at 8 a.m. in the United States Consulate, where we all had offices. At 10 we either went directly to the Palais for general meetings, or divided into the committees to which we had been assigned. The technical committees included one on typhoid, one on syphilis, and one, to which I belonged, on tuberculosis. After three days of these committee meetings we were redivided into two groups to join either the Committee on Administration and Finance, or that on Program and Budget.

Time to stop again. The departure time will soon be called. See you in the morning!

It's morning now, but I really have no idea of the time. I slept from Paris to Shannon, stumbled sleepily out of the plane as required for an hour at the airport. The shops in the airport were open. Coffee was available for those who wished it, but my only interest was sleep really. The Irish

linens, the glass, the woolen goods were nice, I'm sure, but not at three a.m. Paris time to me! Back to sleep, and then when the sun said good morning a quick wash and breakfast. We're flying high and smoothly above the clouds now, at above 10,000 feet, and we're due on time in Boston at 10:15 Boston time, so I must hurry or my letter will not be done.

I just realized that Geneva sounded as if I worked all day long. That's not quite true. At work at eight, a two hour lunch period to get some reading done - my pile of reports literally was eight inches high. But they were interesting and the only problem was to find time enough to read. Afternoon meetings ended at 5:30 or 6:30 or even 7:30. As dinner really never starts much before 9 this was ample time. Meals are eaten in Geneva for enjoyment, so dinners tended to end at 11-11:30. And they were worth the time. There were receptions given by the various countries, there were picnics and buffet suppers for the United States delegates to all three meetings, there was a Sunday bus trip to the castles of and the climax of all, a trip with the U.S. delegation to Zermatt, the Matterhorn Village. Zermatt lies in the heart of the Alps, 4860 feet up, and is reached by a small railroad which winds round and round up the mountains through green valleys, noisy with rushing streams and tumbling waterfalls, bright with sunshine upon the glaciers above, colorful with blossoming fruit trees and blue gentian. The cogwheel railroad bore us to Gornergrat, the highest cogwheel road in the world, to a snowy world 9,400 feet up - up into the mountain tops. There the grass showing between snow banks was white with tiny crocuses, and the snow itself dotted with skiers who dared the steep descent. The peace of the little town, the friendly folk in the cafe who seemed to share the fun with us as we danced Saturday night, the chorus of church bells which called lustily to all at five o'clock on Sunday morning, the band which marched to the train at six for the music fest, giving us a lusty and sleep-destroying sample of its art, the goats lumbering through the main street on Sunday morning on their way to pasture. All

these memories I bring home to share with you, too. But I would add one or two more facts which stand out even more keenly in my memory. First comes pride. Pride in being a nurse - an essential member of the health team. There is no question in the minds of the world's doctors or the health administrators that professional nursing must be developed in a country before public health can progress. So each one of you, and I, and all other nurses, regardless of our own wishes, have a great obligation. Because we chose to be nurses we must now share in bringing to all peoples everywhere the fundamental right which is theirs to enjoy "The highest attainable standard of health." For a few this may mean work some day in the underdeveloped countries; for most of us it will mean nursing at its highest level of performance every day here at home; for all it means sharing through understanding support of the world-wide programs such as W.H.O., which make the opportunities for health more nearly equal throughout the world.

Second, though not in importance, in my memory, is the need to think for oneself. No spot in the world is distant today. The individual exposed to small-pox in India on Wednesday can be in Boston on Friday, long before the disease is evident. That tuberculosis exists in South America or in Africa is today our problem. If nurses are to be members of the health team, if nurses in the U.S.A. are to help to spread nursing throughout the world, we must be informed and thinking women and men.

Luncheon is being announced and after that the plane will arrive in Boston. How wonderful to have had the privilege of going to Geneva. How good to be getting home. Actually less than 18 hours flying time between Geneva and Boston. Not today from the old world to the new, but an overnight trip between two waystations in One World.

I must stop writing, for it is time to fasten the seat belt for landing. Good luck to you. May the members take pride in your association and in their own accomplishments. May your association activities encourage you to think critically of the values inherent in your work, and your relationships. May you be informed and thinking women and men, and may you find in life at home or abroad rich adventures in human relationships. From a returning traveler to those embarking on the adventure of life - Bon Voyage!

RS:BF
10-23-53

DEAR STUDENT NURSES

OF

CALIFORNIA

Last spring it was my good fortune to go to Switzerland as a member of the United States Delegation to the Sixth World Health Assembly. Knowing that I would speak to many student nurses this fall, you were all frequently in my thoughts. I wondered what you would like to hear about the trip; what you would already know about this great organizations which works for world-wide health; what you should know about the World Health Organisation programs as citizens who are making significant contributions in your own spheres to the improvement of the health in one small segment of the world's population. So I tried to make notes to bring home to you. What I say to you is in a sense a bit of my diary, given to you now that you may share in this unique experience.

5:10 p.m.

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OF GREAT BRITAIN AND IRELAND

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DEAR STUDENT NURSES

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MASSACHUSETTS

For the past three weeks as you know I have been in Geneva, Switzerland, a member of the United States Delegation to the Sixth World Health Assembly. . Knowing that I was to speak to you tonight, you, the Student Nurses of Massachusetts, were almost daily in my thoughts. I have wondered what you would like to hear about the trip, what you already know about this great organization which works for world wide health, what you should know about the W.H.O. programs, as citizens who are making significant contributions in your own spheres to the improvement of the health in one small segment of the world's population. So I have tried to make notes for you, and now as I bid goodbye to my friends in Geneva to make the return trip home, I am writing you this letter.

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I am getting ahead of my story. The W.H.O. is a specialized agency, established within the terms of the Charter of the United Nations. Its membership is composed of states; originally 67; today ^{over 80} 74, with full membership, and 9 Iron Curtain countries which ^{have been} are inactive, ^{but are stirring again}.

The headquarters of W.H.O. are in the Palace of the Nations, the United Nations Headquarters in Geneva. High on a hill facing the Alps, and backed by the rugged Jura Mountains sit the beautiful marble buildings, a tribute to peace.

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Its very building bespeaks the cooperative unity of its purpose. The building materials came from Switzerland and France, the architects and the building committee from Switzerland, France, Czechoslovakia, Greece, Columbia, United Kingdom and Japan. The decorations were contributed by France, Australia, New Zealand, Spain, England, Czechoslovakia, Switzerland, Sweden, Denmark, South Africa, Latvia, Netherlands, Italy, Hungary. The library was given by John D. Rockefeller.

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Purpose

It is of course the people and the organizations they build which give spirit and life to great architectural monuments such as the Palais des Nations. The W.H.O. was built on the principles that "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition", that "The health of all peoples is fundamental to the attainment of peace and security", that "The achievement of any State in the promotion and protection of health is of value to all", that "Unequal development in different countries in the promotion of health and the control of disease, especially communicable disease, is a common danger", that "The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health", that "Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people", and finally that "Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures."

The light is on, -the seat belt must be fastened - for this is Paris. More about the W.H.O. later.

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Now I am in Oily, France. My bags are checked for Boston and I am established on the balcony of the airport ready to go on with your letter. Only a brief glance of the city's chimney tops as we flew over, and nothing but sky can be seen from this side of the building. As I have chosen to stay in the airport and have not checked with the passport authorities or filed a debarcation card, I am herded with others in the international transit room to wait. Yes, I am the foreigner, the queer one, the person with the strange language and customs. And what a difference to be the one the majority cannot understand. How lost and lonely one can be made to feel whether a patient, or a traveler in a strange land. How good the American voices sounded which just passed by.

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The work of the W.H.O. is carried on during the year by a staff of approximately ⁷⁰⁰⁻⁸⁰⁰ 660 people, divided among three groups; those working in the specific program of the W.H.O, those assigned to the Tech Assistance projects, which the U.N. delegates to the W.H.O. and a few who are at work on programs made possible by funds received from the UNICEF (United Nations International Children's Emergency Fund). Although the larger number of these professional, technical,

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and office workers come of course from the countries in which health facilities are best developed, it is also true that in 1953 every member country is represented in the staff by at least one worker. Reading the list of members is like taking a quiz in geography. How good would you be, I wonder, if asked to locate at a moments notice Nepal, Sierre Leone, Uganda, Tanganyika? The Atlas so carefully packed was unfortunately not always available at receptions or luncheons or even meetings. But perhaps this was just as well, for what mattered most after all was the ability of the doctor of public health from Liberia to speak eloquently, or the leadership displayed by the doctor from Pakistan, or the earnestness of the young man from Libya. The fact that W.H.O. now has regional offices in six different parts of the world increases the opportunities for all people everywhere to participate more actively. These regional offices are located in Brazzaville, French Equatorial Africa, in Washington for the Americas, in New Delhi, India for Southeast Asia, in Geneva for the European area, in Alexandria for the Eastern Mediterranean, in Manila for the Western Pacific Region.

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Well, dinner was very interesting. My meal had been provided on my ticket, but I had no check. However, on my overnight bag was a large red, white, and blue tag reading "Delegation of the United States of America, Division of International Conferences, Department of State". Uncle Sam's colors speak loudly, and such tags are not usually overlooked. So down stairs went the waiter to secure my check. Sitting a bit forlornly at the side was a young girl alone. So I suggested she eat with me. Then began the complications. She was German, married to an ex G.I. from North Carolina, and now on her way to join him in Casa Blanca. She, too, wanted dinner, but Swiss Air does not provide it. The Swiss Air man spoke only French, she none. He made it very clear she could have no dinner at all. The waiter concurred. My French which usually failed me finally came to my rescue to enable me to say "But she has francs to pay for dinner". That, too, seemed ununderstandable and back came the answer "The dinner is 1300 francs, has she that much?" She agreed she had, so finally my dinner completed, hers was served, and I left her to return to you.

U.S. delegation
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Chief of the U.S. Delegation was the Surgeon General of the United States Public Health Service, (Doctor Leonard Scheele,) the two other delegates were doctors, one a president of a university, one a private practitioner. The advisors included three other doctors from the United States Public Health Service, two of whom are in the Division of International Health, two congressmen, three doctors from the military services, one state health officer, two representatives of the State Department, and me. There were also from Washington two secretaries.

The U. S. delegation met daily at 8 A.M. in the United States Consulate, where we all had offices. At 10 we either went directly to the Palais for general meetings, or divided into the committees to which we had been assigned. The technical committees included one on typhoid, one on syphilis, and one, to which I belonged, on tuberculosis. After three days of these committee meetings we were redivided into two groups to join either the Committee on Administration and Finance, or that on Program and Budget.

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where the fundamental right which is theirs to enjoy "The highest attainable standard of health." For a few this may mean work some day in the under-developed countries; for most of us, it will mean nursing at its highest level of performance every day here at home; for all it means sharing through understanding support of the world wide programs such as W.H.O. which make the opportunities for health more nearly equal throughout the world.

emphasis
on individual - proximity
i.e. small
pov

Second, though not in importance in my memory, is the need to think for oneself. No spot in the world is distant today. The individual exposed to small-pox in India on Wednesday can be in Boston on Friday, long before the disease is evident. That tuberculosis exists in South America or Africa is today our problem. If nurses are to be members of the health team, if nurses in the U.S.A. are to help to spread nursing throughout the world, we must be informed and thinking women and men.

Luncheon is being announced and after that the plane will arrive in Boston. How wonderful to have had the privilege of going to Geneva, how good to be getting home. Actually less than 18 hours flying time between Geneva and Boston; not today from the old world to the new, but an overnight trip between two waystations in One World.

I must stop writing, for it is time to fasten the seat belts. Good luck to the Massachusetts Council of Student Nurses. May your members take pride in your association and in their own accomplishments. May your association activities encourage you to think critically of the values inherent in your work, and your relationships. May you be informed and thinking women and men, and may you find in life at home or abroad rich adventures in human relationships. From a returning traveller to those embarking on the adventure of life - Bon Voyage!

REPORT TO THE MEMBERSHIP

6/17/53

by

RUTH SLEEPER
PRESIDENT

This past year it has been my privilege to watch for periods of time two great demonstrations in human faith and cooperation. In the process of these two demonstrations two organizations have been created to bring greater opportunities for healthful living. Both organizations at the time of their inception and today are experiments which test the ability of men and women to work together for the common good. One, the World Health Organization, established in 1946 is an international organization with 74 active and 9 inactive member countries. The other is a national organization, our own National League for Nursing with 45 State branches and individual members.

In spite of the fact that one is international in its scope, the objectives of the two organizations have much in common. In spite of the fact that one is designed for national service, the influence of its philosophy and program is felt the world around. In spite of all their differences, each organization contributes to and benefits by the program of the other.

It was my very good fortune in May to go as the nurse advisor on the United States Delegation to the Sixth World Health Assembly of the World Health Organization. This organization as you know is one of the specialized agencies of the United Nations, a kind of health arm, established free of political obligations, to reach out to all member nations in need of knowledge, technical assistance, and trained personnel to improve health services.

The principles upon which the W. H. O. is founded are not strange to us. Some of them sound very like those upon which the N. L. N. was established. We too believe in health as "complete physical, mental, and social well being."

We agree that "the enjoyment of the highest attainable standard of health is every man's right." We are convinced that "the health of all peoples is dependent upon the fullest cooperation of individuals and states, and that the health achievements of any one state is of value to all". We can see the common dangers in "unequal development in the promotion of health". We, too, believe "that informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people."

The program deriving from these principles is planned by a World Health Assembly to which every member nation sends its delegates each year. The program of the W. H. O. is carried by the Director General and the Staff. This Staff is located in part at the Geneva Headquarters and in part in regional offices situated in six world centers. These regional offices maintain intimate contact with problems, facilities, and personnel in the areas they are to serve. Committees of experts from areas such as medicine, health education, nutrition, and nursing, are called in periodically to advise with the W. H. O. Staff. Special committees are brought together for special projects. The Organization's program includes research, surveys, health demonstrations, consultation service. Actually, the W. H. O. program is an enabling one, assisting national governments to determine their own needs, to provide their own facilities, and to secure from amongst their own peoples through fellowship aid and training programs the health experts which the country lacks.

Seventy four active and associate member countries shared this year in the plans and program at the World Health Assembly. Regardless of its contribution in money, regardless of its resources in health facilities and personnel, regardless of the size of its delegation, each country had only one vote. But, in accordance to its need, each country reaped the benefits of concerted action against a common danger. All countries obviously realized that true progress could only

be achieved when all moved forward together toward a common goal.

There was much for a nurse to learn at the Assembly, and it was to be regretted that only three nations had appointed a nurse to their delegations. These were Sweden, Switzerland, and the United States of America. The lessons for us were not clinical, or nursing, but social. To witness 74 nations working as one family, to realize that peoples of differing languages, customs, and mores, could understand or accept each others differences, to understand how the non-governmental organizations such as the International Council of Nurses, the World Medical Association and others can strengthen the program for world-wide health, to get even a small grasp of the enormity of the United Nations plan for social welfare, all these were some of the lessons we as nurses could share.

I need not tell you that I was proud to be a nurse. Proud, because our profession shares actively in appropriate programs, proud to realize anew the important part which nursing plays in the development of health services everywhere, proud to discover that the N.L.N. could, through the health services of our own country, make also a contribution to world health.

A year ago we met to decide whether there should be an N. L. N. The vote was cast, the new officers were elected, and the convention adjourned. This was a great step, but the work was still ahead. There was still the process of creating a new organization, of merging old patterns with new, of reconciling new policies with existing tenets, of integrating the employed staffs into a new pattern of organization, of spreading the plan of the new organization into states and local districts.

It has been said "There is never a last step, but only one more step. Nothing is ever over; it is all a continuing process." Behind us stood the achievements of three organizations. Beside us stood the convictions, the collective interest and effort of the former organizations and the Committee on

Agreements. With us were the staffs of the N.O.P.H.N. and the N.L.N.E. Encouraging us, cooperating at every step, were our friends in the A.N.A. and the American Journal of Nursing. Yes, it was a continuing process. Yet in this continuity was something new, something different. There was now one organization to be created, but several programs to be continued without loss of momentum. There were new and different committees to be organized from the membership, and a new emphasis on membership to be accepted, new departments to be developed at Headquarters, but with the staffs of the old organizations.

A year ago we had a plan of organization and objectives to direct a program. Today we are ready to judge the NLN on the basis of the first year's activities. These the committee chairmen, and the staff, will report to you. Their's is the credit for achievement. We, the officers and board members who have watched the organization and its program take form this year, can report new satisfactions derived from broader representation of community and health interests on the Board of Directors, of new feelings of nursing solidarity in our contacts with other professional organizations, of greater security from the increased participation of members on policy making committees, of the growing contact between state and national through field workers and publications, and finally of our feelings of accomplishment as we have watched the boundaries of the former organizations melt away before the challenge of the program designed to meet the needs of the membership and the community. There is much yet undone, there are conflicts to be resolved, there are misunderstandings which still impede progress. But these difficulties are part of the future's challenge. It is our privilege, our obligation today to take strength from the accomplishment of the year behind us and now "To look forward and to have courage, the courage of adventure, of challenge, of initiation, as well as the courage of endurance."

6/13/5

As I looked at the topic on this morning's program the thought went through my mind - how awful it would be to work alone for nursing, or for that matter for almost anything else in life. Just suppose there were no N.L.N., no A.N.A., no state leagues or state nurses' associations; suppose there were no student organizations in states or in individual schools, and you and I, and all other nurses worked alone. Just suppose!

We might of course carry our suppositions to the extreme, and imagine a world in which every individual was a self-directed, self-sufficient, contented person, knowing what he needed to make a good life, and with sufficient skill and energy actually to achieve it. Then we might suppose that a society composed of such people could take care of itself. To suppose this is, however, to move out of reality. Society, our society today, is an interdependent one which needs the leadership of individuals whose self interest is secondary to their interest in helping others to help themselves. It must depend upon the individual who has ability to help direct those who seek help in directing themselves, upon the self-sufficient who can give help to those who are in search of security, upon those who have found contentment and who will share to alleviate the burdens of discontent, upon those whose insight into the pattern and meaning of life is sufficient to help to guide the aimless, upon the skilled and the strong who are ready to lend a hand to those in need. Fortunately, our society possesses many such people who have found a pattern of life which offers security, challenge, satisfaction. Fortunately, too, when these many join together then our society has talents enough to care for all.

To return to nursing again. What it means to join with others for nursing. Obviously one important reason for nurses to join together for nursing is to unite in ideas, in achievement, or in sheer power of numbers to forward the accepted standards, aims, ideals, or programs of the group. Our ancestors in nursing knew well what it meant to work alone, and what strength could be found in group action. The superintendents of training schools who gathered together sixty

years ago in 1893 to form the National League of Nursing Education had seen the results of single handed effort. There was no accepted standard of education for there was no group to accept a standard. Hospital superintendents were not always ready to listen to the needs of the school for one voice alone spoke all too softly. Nursing had no status in the community for legal recognition was not given on the request of an individual. Nurses throughout the country had no contact one with another for an unorganized group has no easy way of coming together and magazines require well organized support.

You know the history as I do. First nurses with a special interest - education - found strength and creative possibilities in the N.L.N.E. Then all nurses desired the fellowship which joining together could give and the A.N.A. was born. Then special groups began one by one to unite for special programs and the NACGN, the NOPHN, the ACSE, the AAIN appear, each a concentration of interests and efforts to develop a special segment of the nursing pattern. Then just as if some far seeing nurse had looked around the corner and had glimpsed the possibilities of a future when these segments were fitted together came the desire to unite these special organizations. Having once realized the possibilities in union we could never be the same again in our separateness. And so the NLN was created - nurses joining together with interested citizenry to set standards, to plan programs, to support mutual needs, to give to each other the fellowship which comes from common interest, born of common effort, or from similar experiences and mutual goals.

Joining with others ^{to} to form a group or an organization for nursing is not merely a matter of bringing numbers of people together. Joining a group can be an enabling experience in which one's horizons, one's independent thinking, grows wider, or a contracting experience where the thinking of others replaces one's own attempts to solve the problems or formulate new attitudes. Which the group influence is to be will be determined by the individual members, their

leadership, and their blind or thoughtful acceptance of that leadership. The group decision may be made by a few or by the whole. This, too, the members must decide for themselves. Which do they want? Which is right? In short, joining the list of members of an organization to work for nursing is not enough. Joining must mean joining in the group thinking, but not unthinking acceptance of the group thoughts; a joining to set the goals and a willing consent to carry a full share and to carry it through to the end; a voluntary self-effacement in the cause of the organization which is to serve the health needs of all people; a readiness to meet success but the ability to keep on or to start again if defeat is encountered. Joining in a true sense must be a bit like marriage. It is for better or for worse.

This choice must finally be made for one cannot join and give fully of one's self to all or even to many groups at one time. A nurse must weigh the aims and programs in terms of her own philosophy before the choice is made. We must have faith in those with whom we chose to join; we must believe in the people and the program; we should find in that program, or be able to work together in the organization for a purpose which leads us to strive toward something better, something which helps us to grow, not for ourselves alone but for all members of the group, and for all those the organization is to serve.

"A little tree, short but self-satisfied,
Glanced toward the ground, then tossed its head and cried
'Behold, how tall I am, how far from earth!'
And boasting thus, it swayed in scornful mirth.
The tallest pine tree in the forest raised
Its head toward heaven, and sighed the while it gazed,
'Alas, how small am I, and the great skies how far;
What years of space 'twixt me and yonder star.'

Our height depends on what we measure by---

If up from earth or downward from the sky."

And so the combined strivings of many nurses together can achieve health goals far beyond the reach of any one or all of us working alone.

RS:W
6-18-53

Sixth World Health Assembly
Sent to Nursing Outlook 10-21-53

From May 5 to May 22, 1953 the Sixth World Health Assembly met in Geneva, Switzerland. Delegates from over 70 member countries and 3 associate member countries came to elect a new President, appoint a successor to Doctor Brock Chisholm, the respected and beloved retiring General Director, and to consider the financing and future program for the World Health Organization.

In the delegations, composed for the most part of doctors and health officers, were three nurses. One each came from Sweden, Switzerland, and the United States. The nurse from Sweden was sent by the Swedish Nurses' Association. The nurse from Switzerland was a resident of Geneva. Only the United States actually sent a nurse as a member of its delegation.

The meetings appeared to follow the general pattern of recent Assemblies. There were general sessions for all delegates. There were three technical committees, one each to discuss tuberculosis, typhoid, and syphilis. Finally, the delegations were divided about equally to attend either the meetings of the Committee on Program and Budget, or the Committee on Administration, Finance, and Legal Affairs.

To a nurse participating for the first time several facts are memorable. Most impressive of all seemed the power of a common goal to unite peoples of widely divergent social cultures. Perhaps it should be self-evident that every nation today desires a high standard of health for its people. Even so, it did seem a wonder of the 20th century that about 80 nations should send representatives to work together toward "The enjoyment of the highest attainable standards of health for all peoples." This

interest in world-wide health improvement truly was apparent in all meetings, in spite of the delegates' eagerness to carry home new ideas, to make plans for further assistance for their countries, or to assure that their countries' voices had been heard in this family of nations.

Twenty-seven non-governmental organizations have official relations with the World Health Organization. All are international organizations concerned with some aspect of health. Although these organizations do not enter into the active program of the World Health Organization they can each help to further its program. They can do this either through informational programs for their memberships, through activities correlated with or assisting those of the World Health Organization, or, through studies, the results of which will be of direct help and support to the W. H. O. program.

The International Council of Nurses, our nursing link with the World Health Organization, was represented both at the special meeting for non-governmental organizations and at the various sessions. But the fact that the United States Government has customarily included a nurse in its delegation to the World Health Assembly, and that through our international nurses' organization we as nurses are represented, is not enough. Nor is it enough to add that some American nurses have made a splendid contribution on the field staff, or on committees of the World Health Organization.

This nation has the largest professional nurse population of any country in the world, yet we do not meet our country's need as we should like to meet it. To compare our shortage of nurses with that of India, or to measure our nursing education facilities with those of the underdeveloped countries in Africa, is to feel that this country has a great wealth of

nursing resources. So it has. But our work for health will continue to be incomplete until this great national resource of nurse power contributes its share to world health programs while it works day by day for better health of the American people.

Many American nurses today are doing a pioneer's job finding new ways to make better use of existing resources. The World Health Organization is interested in this work. The studies, the experimentation, the day by day tests which are written up to be tried by people elsewhere, have value. They can be a contribution to the better preparation and use of nursing personnel throughout the world. The reading, the discussions of international needs and programs, these, too, can lead to understanding and support.

W. H. O. has set aside a day in ¹⁹⁵⁴1954 to honor Florence Nightingale. Through this honor to her memory every nurse will be honored also. There is no question in the minds of the world's doctors or health administrators of the importance of the professional nurse. To the world the nurse is one key to the attainment of a healthy nation. That all nations may have a fair opportunity to secure the highest standards of health attainable every nurse must be a worker for national and international health!

10/22/53

INTERPRETATION OF THE SERVICES
OF THE NATIONAL LEAGUE FOR NURSING

*Progress, plans
& relationships*

*meets
includes
all aspects
of comm.*

*Community Aspects of Nursing - How the Services of
the N.L.N. help nurses and Nursing to meet recognizes the*

The topic given to me for my discussion with you today is no
small assignment if faced squarely. If I could interpret the National
League for Nursing as I should like to do for you, I should record its
origin and the services inherited from ancestral organizations. I would
wish to review with you the major nursing needs of our country today, and
the plans envisioned by our infant organization to approach these needs.
I would choose to include something about the staff members and the committee
members who carry on the organization's activities, their interest in their
assignments, their vision of needs to come, the strength of their loyalties
to you in the states and to the people we all are united to serve.
Included, also, I would have the interaction with other organizations and
the *possible* conflicts in thinking, the duplications in services which could arise
were the lines of communication, the definitions of function, and the areas
of understanding not kept clear.

*Commun
needs
+ make
of all
nursing
a service
which
of your community*

And finally I would wish to try to discuss with you the organization's
evolving philosophy, a philosophy developed out of the first efforts toward
becoming a mature organization, ready to develop a broad program honestly
planned to meet the actual needs of its members as they play a positive role
in the improvement of nursing services, and education for those services, in
this country. I should choose to place this discussion last, a peculiar
place indeed for the discussion of a philosophy out of which is to be born
the aims and purposes to direct the program. But I do choose in this
instance to place this discussion last, because it is our common basis for
thinking and action, the very fiber which binds national and state league

together as warp and woof into a firm, functional, whole. It is the thread which gives continuity to our activities and which as the meetings end will give impetus to our program for 1954. *nationally, in the states and in your local areas*

All together the NLN's membership accepted our philosophy. All together now we watch the interplay of social and health forces which can mold it year by year. All together we must watch and study these forces to be sure our philosophy is a growing one, and one from which realistic aims and practical services can be developed "To the end that the nursing needs of people may be met."

of the League's organization ~~Before you is a pattern of the League's organization.~~ ^{pattern} The whole is not new to you. Some details have been added because the first year brought new developments. A year ago June we had a vision. Now when our vision is a reality we can find help from time to time if we review our inheritance, both in terms of its wealth and its obligations. (Discuss organization pattern).

As you well know we inherited the resources and programs of three organizations, two educational and one educational and service. In accepting this gift we also obligated ourselves to assume broader responsibilities for nursing services. *as nurses* Simultaneously we realized our shortcomings and we sought the help of men and women from other health fields and from the community at large to share both our wealth of opportunity and our privileges of community service.

~~You were also given a fact sheet on which is recorded much interesting data.~~ It is gratifying to know that today we have 334,733 active professional nurses. It is a matter both for pride and for concern to realize that the United States has one of the highest ratios of active

nurses to population ~~than any other country~~ in the world. It is perhaps surprising to ~~some to learn from this sheet~~ ^{discover} that one out of every 60 Americans uses some kind of nursing service every day. These are wonderful assets for our country, assets which ~~many of~~ you have helped directly and indirectly to build. ~~here in Indiana and~~

But what of our liabilities? You are told ~~on page 4 of the Fact Sheet that~~ ^{to-day} almost half of the country's professional nurses are employed in hospitals. General hospitals have an average of one nurse to every three patients. This average expresses one of the liabilities. Many hospitals in your State and mine and all other states employ 100, 200-300 staff nurses. They have actually one nurse to fewer than three patients. What of the ~~the~~ ^{hospitals} others? In how many hospitals are there too few professional nurses to give the needed care, ^{in how many hospitals are beds closed which the community needs} ~~to~~ ^{even} to give supervision to the auxiliary workers whose training varies from adequate to none at all? What of the mental hospitals which average one nurse to thirteen patients; what of those which have one nurse to several hundred sick whose chance for recovery depends upon the knowledge and skill of the nurses to work with the highly trained medical staff. It sounds fine to say we have reached the time when only thirteen incorporated cities with populations of 10,000 or more do not have nurses in full time public health work. But what of the smaller communities? Can the present programs of ~~the visiting nurse services be~~ ^{public health nursing} expanded to meet the ~~growing home care programs~~ ^{extension of hospitals into their neighborhoods through} and can they absorb more and more hospital patients discharged even earlier for convalescence and added care at home? You have the facts. You can draw your own conclusions. All together we must face these liabilities. It may be that your hospital and your community and mine have nursing services which meet our needs. We accepted our inheritance from our predecessors, and thereby we took upon ourselves some measure of responsibility for those patients

and those families ^{in other communities} for whom the care is lacking. The situation today awaits our action. The results of inactivity must be upon our consciences.

The services of our ancestral organizations were planned for this purpose. The National League for Nursing accepting certain services, ^X has modified, added, and when duplication appeared, subtracted to meet the continuing needs. So today we find the following services carried by the NLN usually as direct service to agencies or individuals, sometimes as supporting services to committees from the membership. It is not to over-simplify to say that the services fall into two categories.

You know there,
Your pattern of organization will show you first the ^{services} to the nursing ^{nursing services} services, public health and hospital, to help them in any possible way within the framework of our program and organization to improve and expand their offerings that the greater patient need may be met. Second, there ~~are~~ the services to schools and programs of nursing to help them to improve and expand, that more nurses may be available who are adequately prepared to nurse in the situation as it exists today, and to help to improve this ^{present} situation. ^{both} *prepare us that we may be ready for changes in the future.*

This Division of Nursing Services is divided, as you ^{know} can see, into two functional departments. The Department of Public Health Nursing Service came into the NLN full blown, a well developed service, ^{as an outcome} from the National Organization for Public Health Nursing. It has continued its activities without interruption, adding new and important facets as needs appeared.

To agencies
In service and field services, consultation at headquarters to individual members, member agencies, health officers and board members, survey services to public health nursing agencies, all have continued; in some instances increased. The flow of publications has grown even more significant. ^{There is} One recent one for example is the Self Survey Guides for Public Health Nursing Services. Last

regional conferences - one soon to be held here in the west

Home care of public

Student field work

Referral plans

Help & statistical

To agencies

In service and

Standardizing

Contractual agreement

+ billing forms

Malpractice cases

Reviewing cost

studies

fall a conference was held on public health nursing care of the sick at home. In this conference report some of the many values derived from this important discussion are ~~to be made~~^{made} available to public health nurses, board members and others.

Perhaps one reason why the Department of Public Health has been able in the past, and can continue today, to maintain such a useful program is to be found in its membership. The public health nurse has always been fortunate in having men and women from the community among her organizational co-workers. The fact that these men and women worked with the nurse in state and national organizations, not just on the daily job, gave added strength to the combined efforts. The nurses' voice was made audible by the voices from the community, and the program was the richer, for it was broadened by the many and varied interests of men and women from other walks in life who saw, from their particular vantage points, the health needs of the community.

The new Department of Hospital Nursing Services is in a sense an extension of the former Committee on the Improvement of Nursing Service. So it, too, came into being with an active program, and, what is most important for a new member of the family, a little money to give a modicum of security. This Department has co-sponsored institutes on Nursing Service Administration with the American Hospital Association, has participated in institutes on Head Nursing and Nursing Service Administration and institutes on Head Nursing and Operating Room Supervision in Rural Hospitals, has secured funds for the "Survey and Assessment of Areas and Methods of Research in Nursing", a study now underway at Yale University, and has

published a new Guide for Head Nurses. Now the Department of Hospital Services is preparing a digest of facts concerning nursing needs which will form a basis for planning in and between states. Like the Department of Public Health Nursing Service, the Department of Hospital Nursing Service hopes also to develop a consultation service which will be of constructive assistance to all groups concerned. Unlike the Department of Public Health Nursing Service it cannot anticipate immediately a large agency membership which could offer a new means of bringing representatives of hospital nursing services together for mutual aid. Nor does this service possess the same strong community support from board members or co-workers in the health field or from citizens in general. This Department must, therefore, find ways and means to be of service to agencies with which it cannot immediately be closely associated, ~~now~~. Further the Department must seek to estimate and understand co-worker and consumer needs and interests, without the close association with these two groups which a large non-nurse membership could bring.

In the states it is a must if you will have a community service - that you have citizen

The Division of Nursing Education has two departments. It also has certain services to schools which pertain alike to the Department of Diploma and Associate Degree Programs and the Department of Baccalaureate and Higher Degree Programs. ^{As you know} These include the Accreditation and the Evaluation and Guidance Services and the Recruitment Services carried on by the staff of the Committee on Careers. Through these three large services, which are already known to you, the National League for Nursing offers to schools of nursing assistance in the recruitment program to get a proper supply of applicants, tests to evaluate applicant, student, and graduate. ^{+ to state boards tests to be used in the process of licensure of nurses} It gives assistance with the continuous upgrading of the school, that the school may turn out nurses prepared to meet the community's demands, and in this process have a happy student body, and a happy teaching staff; a

But working steadily at these problems are the 2 com of the depart + the 2 com of the dept + the 2 com of the dept

a national organization + admin of hosp nursing services eval of pt care

members to help in see + meet commit needs

staff which is secure in the school's provisions for its welfare, and a staff in which each member is stimulated to make her best possible contribution. It has been a man sized task indeed to survey well over 600 schools for temporary accreditation, in addition to some surveys and some re-surveys of the 280 programs on the Fully Accredited list. But the first big step has been taken, a consultation service is growing, and new ways and means are under consideration to make the accrediting program more helpful to schools.

Both educational departments began their services with commitments, the Department of Diploma and Associate Degree Programs from the National League of Nursing Education, the Department of Baccalaureate and Higher Degree Programs from the Association of Collegiate Schools of Nursing.

They are at work on an analysis of data from schools to differentiate between what is effective in good ed & what is not poor + good sch
~~They have worked together on a curriculum project; have each offered~~ *They have worked together on a curriculum project; have each offered* *previously the rest of the NACS NA*
~~consultation services and have sent staff members to assist with a series~~ *consultation services and have sent staff members to assist with a series*

~~of regional conferences on accreditation and improvement of schools. The~~
~~Department of Baccalaureate and Higher Degree Programs has conducted a~~
~~national conference on graduate nurse education. Agency membership was~~
~~an established pattern for Baccalaureate and Higher Degree Programs, but~~
~~is a pattern just now being developed for the Diploma Programs. We can~~

~~announce that agency membership for diploma schools is growing (Values -~~
~~tell of unofficial meeting fall of 1952)~~ *After B. D. D. has undergone a new statement*
~~of principles of these activities + planning are the planning~~ *of principles of these activities + planning are the planning*
~~Guiding all of the departments + div.~~ *Guiding all of the departments + div.*

Supplementing and complementing the Division of Nursing Services and the Division of Nursing Education are three advisory services: Mental Health and Psychiatric Nursing, Orthopedics and Poliomyelitis, and Tuberculosis Nursing. All give consultation services, the two latter offer field services, prepare teaching materials, and assist with institutes and work shops. The former is a newer service but its program is growing.

Statement of principles which will be reviewed again Jan + Feb after sent to State League

Each deserves more time and space than I can devote to it here. Each is playing an important role in securing better prepared workers in an important area of health: the Mental Health and Psychiatric Nursing Service to improve the preparation of the basic and advanced student, and to encourage them to return to the psychiatric hospital to work; the Orthopedic and Poliomyelitis Service to improve the care of all patients with orthopedic needs, and to continue to stimulate preparation in poliomyelitis nursing that nursing may carry its share when epidemics strike; and finally, the Tuberculosis Nursing Advisory Service which would help to have the nurses of the country not only prepared, but willing to take the places which are theirs to fill in tuberculosis hospitals.

I have omitted to discuss the interdivisional Councils on Psychiatric, Occupational Health, and Maternal and Child Health Nursing, and the interdivisional Committee on Practical Nursing and Auxiliary Nursing Services. For clarification may I add that these offer no services save as they provide opportunity for nurses and others with these interests to meet, to discuss, and to assess area needs together.

But they do plan action, stimulate the Ad. of directors & play thereby an important part in
~~Now, as we work in the state National network - ANA - through cooperative action on committees + in the Coordinating Council - planning, clearing, jointly allocating -~~

Also, I have omitted to list the many services available to us all through publications: The Outlook, Nursing Research, our magazines; the press releases (150 last year) to interpret us to the public; there are also the materials prepared and the field services planned especially for state leagues. One small but tangible evidence of this latter is my presence here this afternoon. But there are others which are available to states through the staffs of the Committee on Careers, the several Advisory Services, Tuberculosis Nursing, Mental Health Nursing, and Orthopedics and Poliomyelitis

giving to all nursing the guidance of good special interest
Career no program

Coord. Council one - 2 or 3.

Nursing. All of these services are available to you to assist with, not to direct, your state program. Here in the state you will shape your plan according to your objective for the year. Are you to have a membership drive? ^{How do you work to USNARS to plan} A recruitment campaign for student nurses? ^{Have you different type of} Have you assessed your needs with those of nearby states whose services interlock with yours because of physical proximity and because you draw upon and possess similar interests? ^{Have you something to offer other states} There are the materials prepared by these services, by Public Relations, by the Accrediting and Testing Services and by the Departments. There is consultation from Headquarters only as far away from your state as the U.S. mail. There is the all pervading interest to help you which can be brought to fruition through your suggestions and your requests.

You will remember, perhaps, my first statement "The topic given to me for my discussion with you today is no small assignment". And so you will see it is not, for few people, surely not I, could encompass the services of this organization in one afternoon's paper.

N.L.N.'s services come not only from its Headquarters to its state branches. They go also from you the members to all those the members serve. Whatever the organization does to improve standards of service or education for that service is carried far beyond the limits of the national organization by the membership in the state and local areas. And so if I were actually to describe its services I should have to move from national, to state, to local League, to the membership, that is, to each one of you.

Now this is in part the result of NLN's philosophy as I see it. The NLN exists not for nurses but for nursing, not for education but for

Have you all the grad nurse programs in state should have to provide the needed services + education
What for Nurs. service admin. - all prep?
pub. health nurse - all prep?
teachers head nurse nurses + the specialties
a planning committee states for these

Are you studying your educational needs - your service needs in both public health + hosp. Are you planning for these needs

education for nursing service, not for gain in personal prestige of the nurse, but for gains in quantity and quality of nursing care available to our people, not because nurses plan its program, but because nurses and other citizens everywhere work together to meet the people's need.

Budget 1953

500,000 grants

400,000 earnings

100,000 from reserves to subjects services that bring in earnings

200,000 membership $\frac{1}{2}$ indiv. $\frac{1}{2}$ agency

Money almost entirely designated for specific service

JOINT COMMISSION FOR THE IMPROVEMENT
OF THE CARE OF THE PATIENT

The story of the Joint Commission for the Improvement of the Care of the Patient is a story of a group of eighteen people who came together in 1947, hoping, through the sharing of their diverse points of view and varied interests, that they might work out together common understandings and common plans which would be of help to doctors, hospital administrators, and nurses as they worked together for the welfare of the patient.

In June 1947 the Presidents of the American Nurses' Association, the American Medical Association and the National League of Nursing Education received a letter from the Executive Director of the American Hospital Association. The letter asked each organization to send representatives to a meeting to study nursing problems. Five representatives each were invited from the American Medical Association, and the American Hospital Association, and five were invited from nursing. These five were to be divided between the membership of the American Nurses' Association and the National League for Nursing Education. This invitation was received at a time when nursing leaders were puzzled by the great lack in understanding of doctors and hospital administrators of nursing. Articles on nursing and nursing education published in professional magazines and newspapers had for some time added to the confusion of both the professional groups and the public. Consequently, this invitation was readily accepted for it offered an opportunity to discuss with doctors and hospital administrators such topics as the following.

- 1) The definition of the character of nursing and auxiliary services.
- 2) How to establish a medium for the elimination without previous consultation of unilateral statements of major policy.
- 3) The establishment of a basis for constructive public relations policies.

- 4) The opportunity to explore and emphasize the values arising from a better understanding between medical staff, hospital administration, and nursing staff which would contribute to better patient care.

In January 1948 a committee of the representatives, doctors, hospital administrators and nurses, met to plan the agenda for the first meeting to be held in March of that year. At this first meeting certain principles were accepted, and certain plans of action decided upon. For example, this conference was to be a continuing one. It was to function only as a service group to the organizations represented. It was to furnish a sounding board for constructive exchange of opinions. The actions of the conference were to be advisory and not mandatory on the parent organizations. The conference group could initiate action for consideration, or receive actions for consideration from the parent groups. Conclusions of the conference were not to be designated as such by the parent associations except as these conclusions were mutually acceptable to the various organizations involved.

A review of the scope of the conferences' considerations resulted in an almost immediate decision to change the name, and to constitute the conference into a continuing group. The first name selected was "Permanent Continuing Conference for the Improvement of Patient Care". Later, of course, the name was again changed to "Joint Commission on the Improvement of the Care of the Patient."

I think I shall never be really discouraged again over the inability of conference participants to constitute themselves readily into a functioning group. There was no large table in the room selected for the meeting, as I remember it, or the room was arranged as we entered it so that the chairs were lined up against the wall around the room. Doctors and hospital administrators sat on one side. Nurses sat on the opposite side. Words, we very

quickly discovered had different meanings to the various groups. The nurses felt on the defensive because the conference had been called on nursing. One incident which illustrates so well our feeling was the result of semantics (tell the story about Doctor McKittrick and the word interpret.)

But the two day meeting proceeded, tensions relaxed, committees were appointed to work on topics too large for immediate consideration, and some of us at least went home believing that talking together did bring a worth while measure of understanding.

The Commission has met twice yearly now for just over five years. The first set of administrative regulations was accepted in the fall of 1949 to guide the Commission's action. The number of representatives from each group was increased from five to six to allow three each from the American Nurses' Association and the National League for Nursing. The nurses appointed, as defined by these administrative regulations, are to include representatives actively concerned with the problems of the practical nurse, the collegiate schools of nursing and of public health nursing. Medical and Hospital Association appointees similarly are to represent the various interests within the respective professional associations. (Name some. Catholic and Protestant Hospital Association. American College of Surgeons etc.)

The Chairmanship of the Commission rotates between groups. There have been thus far one Chairman from each group. No Chairman may hold office more than two consecutive years. The term of office on the Commission is three years. The Vice-Chairman may not be chosen from the group which the Chairman represents. The Secretary is a member of the staff of one of the participating organizations. Thus far the American Hospital Association has taken the responsibility for all secretarial work.

The title "Joint Commission for the Improvement of the Care of the Patient" implies a group comprising the entire health team. Broader and more representative membership has been discussed at several meetings. The decision to include only the three original groups was maintained in order to keep the group small. Representatives from various other groups are invited from time to time to attend any sessions in which their fields are to be discussed. For example, the American Dietetic Association, the National Association for Practical Nurse Education, the National Federation of Practical Nurses have all sent representatives to participate actively in the meetings. The American Nurses' Association, the National League for Nursing, the American Hospital Association has sent representatives to meetings who have had special contributions to make to the discussions.

At the first meeting the hope was expressed that similar commissions might be organized on the state, the local, and the institutional level. As the Commission members have learned to trust and to work with each other the value of such groups has seemed obvious. In fact we have been convinced that local groups should not miss the values that the national group have enjoyed. Several states now have such organizations. The national committee has drawn up recently a "guide for adaptation of the administrative regulations from the National Joint Commission for the Improvement of the Care of the Patient to State Commissions". Perhaps some of you may be interested to stimulate state or local groups here in Minnesota, if you have not already done so. Surely such joint action is well adapted to the purpose and program of the Minnesota League for Nursing. The doctor and the hospital administrator are our co-workers in patient care, and should know our plans in the Division of Nursing Service and in its Departments. The doctor shares in the education of the nurse, and both doctor and hospital administrator are so-to-speak the consumers of the product of nursing education. The Joint Commission is a fertile ground for discussion, for interpretation, for the growth of under-

standing. Much has been written of late on the "Team Plan". In the Commission may be found the opportunity to put the team concept into practice on a planning level.

Everywhere in the country today we are also hearing of the values of group action. In the schools, in the industries, in the community itself groups are springing up where there is need for action to improve education, health, recreation, and civil government. The Joint Commission offers a unique opportunity for group action amongst the professions. It is not possible even on the local level for the Medical Society, the Hospital Association and the local nursing organizations to meet together and discuss common problems. The groups are too large. It would probably be unwise to urge such meetings except on some very special occasion. It is probably also hopeless to think that if administrators and doctors joined the League for Nursing the same values might be found. I do not mean to imply that we do not want, and will not encourage and urge doctors and hospital administrators to join the League, but the dilution of those two groups will still be great for the nursing group will naturally be the larger group. A small group such as the Joint Commission offers advantages impossible for the large groups to attain. Interests are evenly represented. It is easier in a small and more familiar group to open one's mind and to listen. Disagreements take on less importance in a small group, and can be faced and ironed out more easily and more frankly. There is a greater tendency for members of the small group to reach understanding and agreement. Discussion is less easily diverted. The members of the small group grow more accustomed to the give and take, and the group can be more informal. Members tend to be stimulated and strengthened, rather than discouraged by disagreement. The small group meeting in fact becomes a workshop for dealing with problems of unilateral disagreement or conflict. Such a group has great potentialities for influencing people outside the group, for changing attitudes, and awakening interests.

Some of us who have watched the national Joint Commission for the Improvement of the Care of the Patient since 1948 believe it has done some of all of this. We have discussed our unilateral actions, but as individual organizations we have still been free. The opposition which we have met has been responsible opposition, and it has been of real value to pretest our proposals. It has at times pointed up weaknesses, or revealed unexpected oppositions. So, opposition in the group has enabled one organization or another to modify plans before they are presented to the larger group - the parent organization.

Today when the Commission meets there is a friendly frankness which is the product of working together, a feeling of trust which is the result of understanding, and a sense of security in our relationships based on integrity of the groups. There are still strongly divergent opinions among the representatives, but today the chairs are around the table, the groups intermingle, and the semantics seldom interfere. At the close of meetings problems are left unsolved because of strong differences of opinion. Like Her Majesty of Britain the Joint Commission on the Improvement of the Care of the Patient recognizes and respects the "loyal opposition," finding in that opposition a stimulus to action which will lead to the better care of the patient. For many of us on the Commission it has been a pioneering experience on a new type of team, exploring a new and uncharted territory.

Sixth World Health Assembly
Sent to American Journal
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"Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people". This principle, one of seven upon which the World Health Organization was built, came often to my mind during my stay in Geneva in May of 1953. It was my privilege at that time to be the nurse member of the United States Delegation to the Sixth World Health Assembly. How much does the American public know about the broad problems of health, I wondered? Does the American nurse realize how close she actually is to the health and sickness problems in countries half way around the world? Do we as nurses in this country realize how much the contribution of the World Health Organization actually affects our lives and our work? Or how much nursing in the United States can contribute to world-wide progress in the health field?

The American Delegation to this Sixth Assembly was a representative one. The Surgeon General of the United States Public Health Service, a chancellor of a mid-western university, and a medical practitioner from the northwest were the official delegates. Other members of the delegation were two Congressmen, three doctors from the Public Health Service concerned with international problems in medicine, a state Public Health Officer, an Army Colonel, Chief of the Epidemiological Unit, and two members of the State Department.

The Assembly was held at the Palais of the Nations in Geneva, the European headquarters of the United Nations, in which are also housed

the headquarters of the World Health Organization, one of the specialized agencies of the United Nations. High on a hill facing the Alps and backed by the rugged Jura Mountains, sit these beautiful marble buildings, a tribute to peace. The very building of this Palais of the Nations bespeaks the cooperative unity of the organization's purpose. The basic building materials came from two countries, the architects and the building committee represented seven countries. The decorations were contributed by fourteen different countries. The library was given by John D. Rockefeller. Here in these beautiful buildings work a part of the permanent staff of the United Nations and its specialized agencies.

It is, of course, the people and the organization they build, which give spirit and life to such great architectural monuments. The World Health Organization was built upon the principles that health is a fundamental right of every human being; that health is fundamental to peace and security; and that so long as unequal opportunities for health exist between countries no nation can be free from danger.

The work of the World Health Organization is carried on during the year by a staff of approximately 660 people divided among three groups: those working in the specific programs of W.H.O.; those assigned to technical projects carried by funds allocated by the United Nations under the Technical Assistance Program; and a few who are at work on programs made possible by the funds from the U.N.I.C.E.F., the United Nations International Children's Emergency Fund.

Although the larger number of these professional, technical, and office workers come from countries in which health programs and facilities are

well developed, it is true that in 1953 every member country has at least one worker in the organization. Reading the list of workers and member countries is like taking a quiz in geography, to place mentally and instantly such far-away places as Nepal, Sierre Leone, Uganda, Tanganyika

The atlas I had packed so carefully was unfortunately not readily usable at luncheons, receptions, teas, or during casual conversations. But perhaps this was just as well, for what mattered most was the ability of the doctor from Liberia to speak eloquently, or the leadership displayed by the doctor from Pakistan, or the earnestness of the sad faced delegate from Viet-Nam.

The fact that W.H.O. now has regional offices in six different parts of the world increases the opportunities for all people everywhere to participate more actively. The entire program of the organization is based on the principle that the greatest and most lasting values ensue when peoples are helped to do for themselves. Consequently the programs are enabling programs. Teams of experts are sent into underdeveloped countries to work with and to strengthen local health authorities. Staffs are built up within the country to assume full responsibility for programs as rapidly as is consistent with the ability and readiness of the local group. Personnel are trained, hospitals are constructed and put into operation, sanitary facilities are installed and educational programs developed to help the people to accept and to want to use these new tools for health. A large sum of money is spent each year to permit doctors, sanitarians, nurses and others to study abroad, that they may return to their own countries to take leadership.

The World Health Assembly meets annually to plan the program, determine the budget, and carry on certain other administrative and legal functions. Regardless of the number of delegates sent by a country, or the size of its contribution, each country has but one vote. There seemed to exist, as nearly as an organization of men and women can provide for it, equality for all.

Doctor Murchad Khater, Minister of Health of the Syrian Republic, was elected President of this Assembly. Of especial interest at the General Sessions was the announcement of the resignation of Doctor Brock Chisholm, General Director since 1948, and the appointment of Doctor Marcelino Gomes Candau of Brazil as his successor. The obvious affection in which Doctor Chisholm was held by the delegates, and the respect for the program developed under his administration, spoke volumes for his years of service.

In addition to the General Sessions, the delegates attended one of three technical sessions on either tuberculosis, syphilis, or typhoid fever. At the end of the technical sessions, the delegates were divided again between two committees, program and budget, or administration and legal affairs.

Only three nurses attended as members of a delegation, one from Sweden, one from Switzerland and one from the U.S.A. Actually, the nurses could and should have a place at these meetings for more nursing is one of the world's great needs and nurses play a significant part in the W.H.O. program. To be sure the International Council of Nurses

can represent us, for our international association has non-governmental status with W.H.O. This representation is valuable for it does enable the I.C.N. to cooperate and at times to interpret or facilitate W.H.O.'S

program. Such representation cannot provide the same opportunity however as members of the delegations possess to speak for nurses and nursing.

As I sat in the Paris airport waiting my plane to return to the U.S.A. I watched the people coming and going. The planes came in rapid succession from London, Frankfurt, Madrid, Tokyo, Damascus, Karachi, Athens, Rome. There were dark skinned peoples from the East, small boys with European suits and Arabian headpieces, Indian women in their bright saris, men from Afghanistan with their fezzes. It struck me suddenly that these men and women and I live only three days apart, we travel the same air lines, we sit at dinner together. We could not help but bring to each other some of our cultural values, and some of our health problems. We were each in fact our "Brother's keeper." The choice was not our to make in this century. To help us with this tremendous responsibility the governments of the world have given us the United Nations and specialized agencies such as the World Health Organization. Surely these agencies deserve our active, personal, support, in addition to the Government's financial support, for the health and security of all peoples is fundamental to the attainment of peace and security everywhere.

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4/25/55

Three years ago I stood before you, a very new President in a very new organization. Since that time the organization and I have had two birthdays, and are now on the eve of a third. As the older of the two, I may now, I hope, be given the privilege of reminiscence.

For three years in the new League I have played a triple role. I have been a national officer, with all of the opportunities appertaining thereto. I have been a member of the flying squadron with all of the delights of travel, old friends, and new ones. I have been at home a private-citizen-nurse, recipient of the benefits of the national organization and a member of state and local league.

And now as I step out of the role of officer upon what can I look back? Or, if the look is a forward one, what is ahead?

How is the success of an organization measured? Is it by the size of its budget, the growth of its paid staff, the number of its members, the developing program? To take the growth in national membership might be a discouraging choice of criterion. We were 20,000⁺ in 1952. Today we number ^{17,000} just under individual and 640 agency members. { P.H. Res + Adv. Dep + Assoc. and I.O.C. To be sure there are now 45 state branches, and Hawaii and Puerto Rico and 90 local Leagues. This seems good. And there are 16,000 nurse members and 1000⁻ non-nurse members. What of this? Did we plan to develop a nurses' organization, or an organization for nursing? No one ever estimated what the ratio of non-nurses should be to nurses, so that is no criterion. But representation of interests can be estimated, and that may after all be most important of all. How does NLN measure up to the criterion of membership?

Then the budget! Money always talks of course. In the fall of 1952 our budget, ^{including grants} was \$ 1,300,355.00 Today it is \$ 1,880,367.07 Even budget figures can be deceitful if the facts behind the budgetary plan are not known. We have more money to work with, definitely. Added money has expanded the program. Yes indeed! But whose money was this? Why was it given? Whose faith does it represent? Dues represent the belief of the membership in its organization. Grants represent the faith of foundations, or government, or friends. Dues provide money which is flexible, usable to shape the program to the membership's needs, to furnish a solid base, to give generalized assistance and breadth. Grants, well grants are wonderful. It would be hard indeed without them. And no matter how they shape the program we shall without doubt continue to seek them. But grants are given for specific programs. An organization whose program depends too heavily on grants can become lopsided and inflexible; such an organization can lose its strong base of generalized services. With a proper proportion of budget from dues supplemented by generous grants, the possibilities are almost unlimited. Shall we use the budget as a criterion?

Now for the developing program! This cannot be described in mere figures, or in the time available to me. In fact when the Convention is over, and we go home from the meetings, few except some professional staff members will even then comprehend the total program.

If the convention is a success the public health nurses, the hospital nurses, the educational groups will each be wiser about their own areas of interest, and a little better informed about some of the related aspects of the program. However, through no ones fault at all most of us will still be ignorant about many parts of the program as a whole. This would be tragic if we could never know about the whole. But we can know, for materials will flow from headquarters again after the Convention, and the

Outlook will continue to keep us up-to-date, and entertain us until the next biennial comes along. We have now some 57 committees from the membership, a professional staff at Headquarters of 70 with a supporting staff of 137. But that is not all it takes now to keep the national program going. Every state and local League shares, too, as an agent for two-way communication, as an expediting group, as a study group, as a source group. And every member who truly wants a progressive program will also be an active member, non-nurse, nurse and practical nurse; every one will be a source of support because she or he has faith in the program which the NLN can have. That is an officer's estimate from the national vantage point.

What now if the view from the magic carpet? What does the member of the flying squadron see? In the fall of 1952 state organizations were seen in the process of reorganizing their structure. In the fall of 1953 state League were observed meeting to strengthen their organization. In the fall of 1954 progress to program was obvious. For the most part the state Leagues had broken the bonds of the structural cocoon and were reaching out to serve the needs of their memberships. Some state Leagues are not yet quite free. They are worried still about structure which was too complex. Some are waiting for money or for staff, tied down by wanting, not daring to reach out to do what could be done by a few with little financial support. Some are still worried lest over-organization may sap the interest and energy of the group. But the springs of imagination were being tapped by the fall of 1954, and ideas like measles will be infectious for they have ways of crossing state lines and permeating groups regardless of decisions for or against.

At home as an individual member I found the same problems and satisfactions that you have had. The anticipation of the next issue of Focus, or Hospital Nursing, or Public Health Nursing News; the concern over the visit for accreditation; the satisfaction and joy from the help of the consultant; the practical assistance found in the pamphlet published by a League committee; the stimulation of the Convention. All this I have had, and more, as these were enhanced in proportion to my activity in the state and local League.

But now my triple role drops away in 1955, and I am about to assume the single role of an individual member. As my situation reverts to the more normal one, I am privileged to catch in the perspective of the past three years a glimpse into the future for NLN. How will it serve the greater needs of the future we face with its larger population, the widening sphere of service, the changing health patterns, the tidal wave of young women and men in higher education, the increasing opportunities in general education, a world awakened to the possibilities of health? How can the NLN be equal to such a task? How can the NLN play its full part in shaping the situation to the end that citizens well and sick, and students in nursing, may best be served?

"Faith," we are told, "is the substance of things hoped for, the evidence of things not seen." Surely with our present resources; surely with the growing confidence in the NLN, we have the faith in our future to help us to grasp the things we hope for. The fact that "Faith without works is dead" need not discourage us, for we already know at home in the state and local League that working together for a purpose within our grasp brings results, and that a plan, plus faith, plus work can lead to the goal.

Nursing Goes Forward with the World Health Organization

(Paper given at the Annual Convention, Oct. 24, 1955)

By RUTH SLEEPER, R.N., Boston, Massachusetts

Former U. S. Nursing Representative to the World Health Organization

In 1953, it was my privilege to go with the U. S. delegates to the 6th World Health Assembly in Geneva, Switzerland. I wish it were within my power to bring you a true and vivid picture today of those meetings, the actions taken, the deep implications of the world health program. The beauty of the country which provides space for the WHO; the Palais des Nations, a great and appropriate monument to world cooperation in the field of health; the purposeful approach to health problems made by the small country such as Finland with years of successful achievement; and the tremendous country, India, only at the beginning with its overwhelming problems of numbers, distances, and ignorance.

The WHO, as you know, is a specialized agency established within the terms of the Charter of the United Nations. Its membership, originally 67, now comprises over 80 nations with full membership, plus some inactive member countries behind the iron curtain.

The headquarters of WHO are in the Palace of the Nations, the UN headquarters in Geneva. High on a hill facing the Alps and backed by the rugged Jura Mountains sit the beautiful marble buildings, a tribute to peace. The very construction of the buildings bespeak the cooperative unity of the United Nations. The building materials came from Switzerland and France, the architects and the building committee from Switzerland, France, Czechoslovakia, Greece, Columbia, United Kingdom, and Japan. The decorations were contributed by France, Australia, New Zealand, Spain, England, Czechoslovakia, Switzerland, Sweden, Denmark, South Africa, Latvia, Netherlands, Italy, and Hungary. Fortunately, John D. Rockefeller gave the library so the USA, through one world citizen, shared although our nation failed to do so.

Here in this beautiful building work the permanent staff of a part of the UN and the specialized agencies. At the time of the 6th Assembly there were also meetings of the International Telecommunication Union and the Commission on Human Rights.

It is, of course, the people and the organi-

zations they build which give spirit and life to great architectural monuments such as the Palais des Nations. The WHO was built on the principles that: the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social conditions; the health of all peoples is fundamental to the attainment of peace and security; the achievement of any state in the promotion and protection of health is of value to all; unequal development in different countries in the promotion of health and control of disease, especially communicable disease is a common danger; the extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health; informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people; governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

The work of the WHO is carried on during the year by a staff of approximately 700 people divided among three groups: those working on the specific program of the WHO, those assigned to the Technical Assistance Projects which the UN delegates to the WHO, and a few who work on programs made possible by funds from UNICEF (United Nations Inter-

*Christmas wouldn't be
Christmas
Unless a word or two
Of extra friendly greeting
Went on its way to you!*

*From your president,
Phyllis MacKay*

national Children's Emergency Fund). Although the larger number of these professional, technical, and office workers come from the countries in which health facilities are best developed, it is also true that every member country is represented on the staff by at least one worker. Reading the list of members is like taking a quiz in geography. How good would you have been talking to delegates from Nepal, Sierra Leone, Uganda, Tanganyika? Could you have discussed their weather problems? Unfortunately, my atlas did not fit in the handbag, nor did I have time to look at the atlas in meetings or at receptions. But this was just as well for what mattered most was the ability of the doctor of public health from Liberia to speak eloquently on the leadership displayed by the doctor from Pakistan, or the earnestness of the young man from Laos. The fact that WHO now has regional offices in six different parts of the world, makes the organization truly international and gives opportunity for all people to participate not only internationally but in regional groups where problems are common.

Now what has this organization to do with us—nurses, citizens of a rich country with great health facilities and leading educational programs? Can we really go forward with an organization designed to serve the great underdeveloped segment of the world as well as the so-called developed countries? Can it be that this organization does affect me as I go about my job at home or abroad?

Last Thursday, the front page of the *Herald Tribune* read: "Serious outbreak of encephalitis in Korea." Will this infection be brought to our shores, to Michigan, to Massachusetts, or will the WHO code set up to prevent the spread of communicable disease save us?

Last July, I bought aspirin in Peru. Did I need to worry about my safety, or was I getting a reliable product? The WHO program has standardized drug potency throughout its member countries.

Two years ago, a case of small pox was found in New York—only one. Why do you and I who are exposed by contacts with people returning from abroad not succumb to diseases? The WHO vaccination program protects us.

As I left Geneva to travel home by plane, I was wakened at 3:00 a.m. at Shannon and sent out of the plane to wait in the airport. Why? International laws require disinfection of the

plane as they require disinfection of ships—a nuisance, but oh what a protection.

So as citizens, the WHO protects us.

Now, how can we as American nurses move forward with this organization? We have one of the highest ratios of schools of nursing to population and more nurses than any other country. Nurses in WHO prepare materials on nursing and nursing education, go in as members of health teams which work with representatives of local governments setting up schools, health centers, public health nursing services, clinic services (tuberculosis, maternal and child), and initiating health education programs—training technicians. These programs are not the products of WHO, they are programs in which WHO's staff works with local governments until the local staff is trained and ready to take over responsibility. Programs are comprehensive with a tactical approach which assures that no aspect of the program will be neglected: nutrition includes foods which both meet body needs and are not in conflict with cultural traditions, prevention includes the establishment of a supply of safe water, industries are rejuvenated to assure income to families, factories are set up to produce needed penicillin, education is introduced so that people will accept the drugs or bring the expectant mother and children to clinic. All done with people, not *for* them. A breathtaking demonstration for us on interpersonal relations: self-determination by all peoples, cooperative action, prevention, health promotion, education. Basic principles superbly applied. Forward with WHO! Yes, indeed, we can apply these basic principles at home as we strive to improve our own programs.

Three facts I remember were so clearly in my mind as I flew home from Geneva, facts which have been reinforced by two WHO committee meetings on nursing and again by my trips with F.O.Q. this summer in South America.

First, pride in being a nurse who is an essential member of the health team. For there is no question in the minds of the world's doctors or health administrators that professional nursing must be developed in a country before public health can progress. So each one of us, regardless of our own wishes, has a great obligation. Because we chose to be nurses, we must now share in bringing to all peoples everywhere the fundamental right which is theirs to enjoy "the highest attainable stand-

ard of health." For a few of us this may mean working in the underdeveloped country, but for most of us it will mean nursing at its highest level of performance every day here at home; for all it means sharing through understanding and active support of the WHO programs.

Second, though not second in importance, is the need for every American nurse to think for herself. No spot in the world is distant today. The individual exposed to small pox in India on last Saturday could arrive in Grand Rapids today. The health problems which confront us are world health problems.

Third, as I sat in the airport waiting to take off for Shannon a small boy with Arabian

head dress played about my feet, and as I sat for dinner there I rubbed elbows with people arriving on planes from London, Frankfurt, Madrid, Tokyo, Damascus, Karachi, Athens, and Rome, I realized that I too was a foreigner. What disease might each one of us bring to the others? Could we find understanding as we sat silent but smiling at each other? I must accept the fact that I as a nurse was facing a new responsibility. In truth, I must be "my brother's keeper." Have we arrived at the time where breadth of vision will be a criterion for members of the health profession?

Forward with the WHO! Surely there is no other road except the forward road for this great organization.

ANA GUIDE LINES

SNA'S, DNA'S CAN HELP PROMOTE WORK ON FS & Q

All sections are proceeding rapidly with development of functions, standards, and qualifications for practice, and many statements will be submitted for approval at the ANA convention in Chicago next May. States and districts can help to promote this project by urging the greatest possible nurse participation in discussions on the tentative statements and by helping to interpret them through bulletins and other publications.

GUIDE CONTAINS VALUABLE AIDS FOR PROGRAM PLANNING

Have you seen the new guide for program activities, "Give a Little—Get a Lot"? Prepared by the Public Health Nurses Section, it contains many tips, ideas, and suggestions that any section, district, or state association would find helpful. It is available from ANA at \$1.00 per copy; a ten per cent deduction is allowed on orders of six or more copies.

ARE ANY EXCHANGE NURSES LOCATED IN YOUR STATE?

Do you know the foreign nurses who may be located in your state or district under the Exchange Program? You can help to make them feel at home by getting to know them and by inviting them to meetings of your association. You might ask a foreign nurse located in your area to talk to your group on nursing in her country. For the names of exchange nurses in your area, write to the ANA International Unit, 2 Park Ave., New York 16, N. Y.

EXCHANGE PROGRAM BENEFITS MANY THROUGH INDIVIDUAL NURSE

The Exchange Program of the ANA is de-

signed to aid in the exchange of important technical knowledge among the peoples of the world and to contribute to the development of international understanding. It is through the individual nurse that this aim is realized.

ANA REPRESENTED AT UN MEETING MARKING 10TH ANNIVERSARY

In accordance with our continued support of the United Nations program in implementation of Point 17 of the ANA Platform, we were represented at the UN's meeting in San Francisco last June which commemorated the signing of the UN Charter on June 26, 1945. Mrs. Estella Mann, president of the California SNA represented both the ANA and the ICN.

ICN CONGRESS

The Eleventh Quadrennial Congress of the International Council of Nurses will be held in Rome, May 27-June 1, 1957.

NURSES INVITED TO ATTEND MEETING OF COLLEGE OF SURGEONS

Nurses are invited to be guests of the American College of Surgeons at a meeting in Philadelphia, Feb. 13-16, 1956, planned for the interest of all personnel concerned with treatment of surgical patients. ANA is cooperating in the project. Registration forms, which can be obtained from the American College of Surgeons, 40 E. Erie St., Chicago 11, Ill., must be returned by Jan. 15.

May you all have a
MERRY CHRISTMAS
and
HAPPY NEW YEAR

BROOKS CONVALESCENT CENTER

IN-SERVICE EDUCATION PROGRAM

By MRS. SHIRLEY STUCKI, R.N.

Assistant O.R. Supervisor and Clinical Instructor
Hackley Hospital, Muskegon

As the hospital grew and the number of patients increased, the Board of Directors of Hackley Hospital saw the need and opportunity for more fully utilizing the education and professional training of their registered nurses. To do this, the registered nurses were elevated to a new position of teaching, supervising, and directing the best possible nursing care of the patients. Nurses assistants, ward helpers, ward clerks, and later, licensed practical nurses, were employed to assist the registered nurses. In this constant growth of hospital staff, a definite need was felt for something to bring the group together and promote better understanding and teamwork. This need resulted in the beginning of an In-Service Education Program.

The purpose of the program was to convert education to better care of the patients. The plan was to promote cooperative accomplishment to the highest possible degree, to provide a stimulus to encourage the employee's individual interest and growth, to offer material that would help to develop self-confidence and instill an appreciation of their responsibilities, and to give the employee an opportunity to understand and teach good health. The hospital administration also wanted to encourage group participation and to foster an awareness of the constant progress of medical science. The subject matter to be presented was to be of constructive educational value, not hinging on inter-departmental difficulties.

To administer the In-Service Education Program, a committee was chosen from the nursing faculty which included instructors from the school of nursing, supervisors, and head nurses. The committee sent a questionnaire to all floors and departments to ascertain the general reaction to the proposed program, to ask for suggestions as to time, subjects, methods to be used, and to inquire of the employees their willingness to participate. The returns from this questionnaire indicated the need and desire for such a program. An outline was set up by the committee and a tentative schedule for the following year was made out. Much of the material for this outline consisted of subjects that were listed on the questionnaire, such

as: oxygen therapy, new drugs, laboratory tests, and blood bank procedures. The proposed schedule was for one program per month, to be repeated for each shift. As the program progressed and material became available, the In-Service Education Committee planned extra programs.

The meetings are held on duty time, and most of them are offered around the clock—the most convenient time being 1:00-2:00 P.M. and 2:00-3:00 P.M. for the day shift; 7:00-8:00 P.M. and 10:00-11:00 P.M. for the evening shift; and 2:00-3:00 A.M. and 7:00-8:00 A.M. for the night shift. The evening and night supervisors learned to operate the movie projector, so that films could be shown at the convenience of their respective shifts.

For some of the programs, such as Fire and Safety Prevention, all hospital personnel were included; while others were presented just to the professional staff and those who would benefit most from the program and the material offered. At every program we have included all R.N.'s, L.P.N.'s, and student nurses. An invitation is extended to the private duty nurses to most of our programs, and we encourage them, as well as the hospital's own employees, to attend to make suggestions and to take part in the discussion. The attendance is not compulsory but roll is taken at each meeting and kept on file.

At the first meeting, an explanation of the purposes of the In-Service Education Committee and Program were given, which was followed by an open discussion. The programs have been many and varied. They have included a course in Fire Prevention by the Muskegon Fire Department, resulting in a certificate for all hospital employees who attended. Other programs for last year included: hospital accidents and prevention of drug errors; demonstration and discussion of the care of Wagensteen, Miller-Abbott tubes and catheters given by the central supply supervisor; a talk on new drugs by the pharmacist; a case study of pheochromocytoma by one of the doctors; slides on surgical pathology by one of the surgeons; films on drug addiction, alcoholism, "The Enemy Bacteria", "Hyperthyroidism",

PROGRAM

CLARE DENNISON, 1891-1954

Graduate of The Massachusetts General Hospital
School of Nursing Class of 1918

Head Nurse, Supervisor, Assistant
Superintendent of Nurses, and ^{Assistant} Principal of The
School of Nursing, The Massachusetts General
Hospital, 1918-1931.

Director, School of Nursing, The University of
Rochester, 1931-1951.

The Clare Dennison Memorial Lectureship in
Nursing was established in 1957 by Mrs. Charles
Hoeing friend of Miss Dennison and for many
years a member of the Advisory Committee of
the School of Nursing.

Establishment of the Clare Dennison Memorial Lectureship

Dr. John Romano - Professor of Psychiatry and
Chairman, Department of
Psychiatry, School of
Medicine and Dentistry

Introduction

Miss Eleanor Hall - Professor of Nursing and
Chairman, Department of
Nursing, School of
Medicine and Dentistry

NURSING EDUCATION IS WHERE.....

Miss Ruth Sleeper - Director, School of Nursing
and Nursing Service, The
Massachusetts General
Hospital, Boston, Massachusetts

UNIVERSITY OF ROCHESTER
School of Medicine and Dentistry
DEPARTMENT OF NURSING



THE FIRST CLARE DENNISON MEMORIAL
LECTURE

Thursday, April 17, 1958
Whipple Auditorium - 4 o'clock
Rochester, New York

NURSING EDUCATION IS WHERE

CLARE DENNISON LECTURE ON NURSING

April 17, 1958

by

RUTH SLEEPER

GREEN MOUNTAIN STONE

GREEN MOUNTAIN STONE

GREEN MOUNTAIN STONE

GREEN MOUNTAIN STONE

GREEN MOUNTAIN STONE

GREEN MOUNTAIN STONE

GREEN MOUNTAIN STONE

Clare Dennison Lecture
4/58

NURSING EDUCATION IS WHERE

Nursing education is where - Once this title came to my mind I could not seem to shut it out. Nursing education is where the student finds it. Nursing education will go where we, the teachers and students of today, decide we want it. Nursing education is in the university, the hospital, the clinic. Nursing education can occur wherever the learner, the teacher, and a nursing situation are brought together, just as surely as education occurred when Mark Hopkins and his eager student sat together upon the traditionally famous log. Nursing education could be with right combinations of teacher and student almost ubiquitous, for it is related to life and living of peoples of all ages everywhere. But all of this does not really describe what I had in mind when I chose the title. One hundred and two years ago Florence Nightingale was given a fund to establish a school of nursing. Ninety-eight years ago, in 1860, this school was opened "To train hospital nurses; to train nurses to train others; and to train district nurses for the sick poor."⁽¹⁾ Eighty-five years ago three schools were opened on the Nightingale plan in our own country. From one of these was graduated Clare Dennison in whose honor this series of lectures has been established. Like the Nightingale School at St. Thomas's, this school also was established to provide "A new career for our country women." It was indeed a career, for out of these and other early schools came the matrons or the superintendents of nurses who opened and organized hospitals, and who moved steadily though slowly against heavy opposition toward a systematic plan for the training of nurses and professional organizations which would help to further the plan. Ninety-eight years ago in England, eighty-five years ago in this country, and now nursing education is where.

(1) The Education of Nurses, Isabel M. Stewart, The Macmillan Co., New York, 1943, p.56.

If we attempt to measure growth in an individual we look at many factors and characteristics: physical size, emotional development, general maturity. Although perhaps many of you and I, too, are far from specialists in the social sciences, let us consider some of the factors which indicate growth and development in the individual to see how these evidences of change appear also in our profession.

First of all, the most obvious change in a human being is size. Where is nursing education in this respect? Remember we are not thinking of the quality of this growth but sheer physical change. In 1872 there was one school on the Kaiserswerth plan. In 1873 there were 3 more, but established with more similarity to the Nightingale system. In 1900 we had 432 schools. In 1926 the number rose to a high of 2,155 schools. Now in 1958 we have 1,125. Up, then down! This seems a contrast to the growth of an individual which we expect is going to go steadily upward until adult stability is reached. However, people do gain weight, and educational systems like people can after a number of years accumulate excess size. This, too, can be a threat to health and normal productivity. Only a well disciplined approach to reducing with reasonable and justifiable goals can return either the human body or the educational system to a healthy state. Whether all of the excess growth in our system has yet been removed may well be questioned.

Size might, however, be judged by productivity. In 1880 we were graduating 157 nurses. In 1900 the number rose to 3,456. In 1926 our schools sent out 17,522. In 1956 the total from basic diploma and degree schools was approximately 29,000. Surely there is a recognizable output which is related to the ratio of schools to students admitted, educated, and graduated. What is nursing education to do in the future? Continue to reduce schools and increase

output? Or, have we reached a saturation point in such a large percentage of our schools that new ones should be considered?

Have you stopped to think recently what has happened to our nursing education in the past thirty years? We have had three major studies: the Grading Study, Nursing at the Mid-Century, the Brown Report. At first there was a growing inflexibility in State Board requirements. We saw the advent of accreditation; the unification of nursing education services in the National League for Nursing; the emerging trend toward self-evaluation; the reversal toward a flexible standard in State Board requirements; the stipends and fellowships for advanced study which promise to prepare nurses, not only administrators, teachers, and supervisors, but also the much needed nurses with sound training in research methods. Last we must not leave out the most recent study, Nurses for a Growing Nation, published last spring by the National League for Nursing. Not a very long list. There are many more, but in all every step along the way a step of great value.

Physical growth is sound only when it follows well ordered laws of nature. So, as we think about growth, both in schools and in numbers of nurses, it would be logical to think that here, too, an orderly process is necessary if there is to be a well rounded, healthy system of education which will meet the need.

What principles or generalizations have we to guide us? One, of course, is need; need for nurses; need for special groups of nurses; need for large numbers with certain skills, and for fewer numbers with other types of skills. You are all familiar with the figures prepared by the National League for Nursing's Committee on the Future. This Committee indicates some of the major needs which can guide our planning. The first of these is for a progressive increase in the number of nurses. Since shortage is

still prevalent country-wide, with a national ratio of 258 R.N.'s for every 100,000 population, this ratio we are told should be increased. The Committee suggests instead a ratio of 300 or 350 R.N.'s to every 100,000 population. To attain this ratio our schools must anticipate a yearly increase in admissions from the present 45,536 in 1956 to over 70,000 in 1970.

Like physical growth in the individual, growth must be coordinated if every part of the body is kept in proper functioning relationship with every other. Muscular development, for example, has little value if the special senses are not developed for effective use. Development of the intellectual capacities pays small dividends if the social development of the individual is lacking. So, with a system of education growth in numbers alone is not enough. We are told by the National League for Nursing Committee that 67% of our professional nurses work directly with patients in hospitals and other places where supervision is available; that 20% function with a greater degree of independence such as public health, industrial and head nurses; and that 13% now fill positions in teaching, supervision and administration. (1) Here again is a generalization to guide our growth. It is not a matter of more collegiate graduates and fewer diploma school graduates. It is a problem of securing growth of all groups according to the need - 1) that there are nurses to care for patients - more of them, a lower percentage but a larger number than is now graduated; 2) that there are teachers, supervisors and administrators to conduct schools, teach classes, and provide adequate essential learning experience in wards, clinics, and public health services - more of all of these, a higher percentage, that is, and so more of these than are now graduated; 3) that there are public health nurses, industrial nurses and others to serve in non-hospital community services, that is, a higher percentage of these nurses than are now graduated. We need more of all of these. Let us have no misunderstandings among ourselves or with the

(1) Nurses for a Growing Nation, National League for Nursing, 2 Park Avenue, New York City, March, 1957.

public that one group is more important than the other. If this occurs we shall end in futile arguments concerning which shall come first in importance. "The eye cannot say to the hand, I have no need of you."⁽¹⁾ No more can any one of us say that any group in nursing is not needed. All are essential. The value of each lies in the maturity with which the job is approached, the way in which it is performed, and the concomitant cooperation for progressive improvement of present and future nursing education for nursing service.

Lindgren in his Psychology of Personal and Social Adjustment lists five basic needs of the human being:

First level. The most essential body needs - to have access to food, water, air, sexual gratification, warmth, etc.

Second level. Needs that relate to physical safety to avoid external dangers or anything that might harm the individual.

Third level. Needs that relate to love - to be given love, affection, care, attention and emotional support by another person or persons.

Fourth level. Needs that relate to maintaining satisfying relationships with others - to be valued, accepted, and appreciated as a person; to be esteemed and respected; to have status; and to avoid rejection or disapproval.

Fifth level. Needs that relate to achievement and self-expression - to be creative and productive; to perform acts that are useful and valuable to others; to realize one's potentials and translate them into actuality."⁽²⁾

(1) First Corinthians 12:21

(2) Psychology of Personal and Social Adjustment, Henry Clay Lindgren, American Book Company, New York, p. 25.

These five levels represent five steps in the process of growing maturity in the individual. How like a profession! Each level at one time involving the prime essentials, yet the individual never quite relinquishing the previous level as he moves to the next.

How many years our nursing education has been at the first three levels seeking access to the most essential professional needs. This is the stage of keeping alive, of reaction to surroundings, of recognition that other groups care about us, and that the profession can count upon the support of other professions or of the community, which in reality brought our profession into being. Perhaps in this instance the support might be thought of as moral support rather than emotional. However, perhaps our need, when the profession was in its infancy, was just as much the need for emotional support also.

When did our profession begin to grow into the fourth level? Miss Nightingale used many methods to give status to her graduates. Much of the early status she assured the matrons in those early schools continues today for the matron and the nurse in England. Can we say our nursing education has done as well? The normal child attains approval and status by learning gradually to control personal impulses and desires, and to secure commendation and acceptance by following the standards exemplified by his parents. Is it that we do not know who our parents really were? Who are our predecessors in nursing - the hospital, the medical profession, or general education? Or is it that this confusion is confounded by the fear that unless there is approval and respect from the "right" parent we shall be rejected or disapproved?

How rapidly can a profession grow up? When we think of maturity do we think of physical or social maturity? The years will bring size if that is the desired growth. Only experience, the social scientists tell us, can bring maturity, and then only when the experience is appropriate both in type

and in breadth. We in nursing education often feel impatient that our status has not yet reached that of the medical profession. First of all, the profession of medicine was born in Greece before the birth of Christ, over 1,958 years ago. The profession of nursing has not yet had its 100th birthday. In all probability nursing never will achieve professional equality with medicine. That we must accept, for the doctors are responsible for a large share of our direction. But is this bad? Could we give that portion of patient care which is nursing in isolation from that portion of care prescribed by the doctor? Would it be good if we tried to do it? Dewey and Humber in their Development of Human Behavior say, "It is not how tall or how smart we are, or how much people think of us which is so important. What is important is our interpretation of what we believe the attitude of other people is toward our height, our intelligence, and our popularity."⁽¹⁾

It is important then that we be sure that our profession does not cling over-long to those activities which relate to the first four levels. These needs will always exist. We must determine whether the needs which dominate our profession are to be those which help us to find self-identification and satisfaction of our own needs, or whether we shall seek the action and the responsibilities which will lead us to maturity and the desired status as nurses.

There will be pitfalls. Some will wish to move too fast. Rapid movement is possible in a totalitarian state, or even in an authoritarian situation. In comparison the adolescence of the child in a democracy is slow, allowing time for choice, for testing, for self-searching, for decision. So the educational system in a democracy also must have time to develop methods of education, analyze the values, test the appropriate types, and evaluate the

(1) Development of Human Behavior, Richard Dewey, Ph.D., and W. J. Humber, Ph.D., The Macmillan Company, New York, p. 307.

products. The important factor is that whatever the educators decide is right for the profession should be in terms of the needs of women, and the needs of and for nurses. Surely we have passed the stage where we must plan our programs just because. Being young in comparison to other professions our adolescence should include the self-searching of the sensitive youth, and the determination to take what is good in education as illustrated by the other professions, not to take over their educational systems. We are nurses. We are not doctors. We are not social workers. We chose nursing, and with our forbears (our parents if you will) now we want to understand ourselves and have others with whom we work understand us. But we still want to be nurses. Our contribution to health and living is a different one, and so our education, our total approach to our professional responsibilities, should be that of nurses, nurses in positive relationship with our patients, our co-workers, our responsibilities, our past and our future. Like Pippa of Robert Browning's poem, we rise an energetic adolescent profession, stretch our arms to reach our best abilities and know that

"God's in his heaven:

All's right with the world."

The mature profession has out-reach, the need to be creative and productive. Most of all we must be realistic. The time for adolescent dreaming is gone. Home tasks are not enough. Goals must be set. Education must be completed. Only then will adult life begin. Of course, there is always a little regret, an occasional lapse into childish hurts, the old gang need, the love of irresponsible days, the self-centered hopes. Such as these are normal and natural in a profession too, if only momentarily. A profession's life is the continuing combination of all those who serve in it. The goals of the profession, constant in basic values, grow and change with the changing culture, and with the growing body of human knowledge.

There is one great difference. A profession can never grow old. Senescence comes to its individual members, but the profession itself through constant renewal gains a kind of immortality. Such immortality will remain just so long as the incoming members hold the values and constantly adjust the program of the profession to the needs of the society to be served. Should the profession fail to keep faith with any generation it serves the secret of its immortality will be lost. The energy of the profession as truly as that of the individual will be gone. The constant renewal will cease. In place of youthful strength, imagination and courageous action will appear the aged, wanting only a share of sunshine, reminiscence and quiet peace.

Nursing education is where. Surely there is no question in our minds. Nursing education is just approaching maturity. It is beginning to expand in this country. It is emerging in the underdeveloped countries all over the world. It is just awakening to a new feeling of self-identification. We have friends at home and abroad. In the universities there is a realization of our need, and we in turn are finding our place in the educational family. We are relating positively. In the hospitals we are seeing new possibilities for education in the diploma program, or for clinical learning in the degree program. We are relating not only positively but like adults, each has faith in the other. Nursing as an adult profession can now recognize the support given by hospitals to the progressive development of education for nursing. One cannot help but wonder sometimes what would have been the delay if St. Thomas's Bellevue, the New Haven, the Massachusetts General and innumerable other hospitals had delayed, or even refused to give opportunity to these embryo schools. Should we have lost 30-40 years while institutions for general education became cognizant of the need for such progress on a professional level, or recognized the ability and potentiality of the young women interested in the care of the sick?

Today we are relating, too, to other educational institutions, the community and junior colleges. This is growth.

We are secure enough in our own beliefs to believe in others. We no longer fear the advent of the auxiliary workers. We believe in their value. We stimulate the formation of the schools for practical nurses. We learn and work side by side.

We dare to experiment. We know now it is better to test the new and discard the useless than to sit tight or stand pat. We have learned that nothing ever stands still, neither peoples nor professions.

We can look back to see where we have been, not because we want to return, but because the past gives meaning to the future.

We plan well for today, knowing that today is where tomorrow begins.

Nursing education is where - The answer as long as our profession is alive, vigorous, courageous, will always be just ahead - going on and on and on -

What I have to say to you relates perhaps more to supervision than directly to your role in the team plan. I have heard a little about your discussions of these two days, so I can guess with reasonable assurance that you have found these meetings stimulating as well as helpful in determining your changing role as supervisors.

It has been said that today's generation is less sure of what lies ahead than any previous generation known. If this is true for you it is time you considered thoughtfully what lies behind, for every future is built on and out of its past. Without such knowledge we should have no perspective and progress would indeed be slow.

There is a real danger in loss of perspective, both for individuals and for professions. Knowledge of the past alone is not enough. To judge the past and build a future one must have values derived from the best of that past and the best of the present. Issues, problems, doubts are sure to be found in all futures, and as these occur values become important. They become in fact criteria on which to judge or plan action. They lead to knowledge which can direct action in strange and new situations. A man who can hold to the best of the values derived from his spiritual, educational and general experiences does not find himself back against an impenetrable wall and facing a future unprepared.

Think with me for a moment how young the field of supervision really is. Our profession was launched in this country when the graduates of the first Nightingale Schools completed their programs in 1875. The profession began to take form in 1893 when the Society of Superintendents (National League for Nursing Education) was founded, in 1896 when the

... ..

Associated Alumnae was formed (American Nursing Association) and in 1899 when the American Journal of Nursing was first published.

However, no article entitled as such appeared on supervision in the A.J.N. or the annual reports of the NLNE until 1920. This first article shows supervision as a plan for directing, inspecting and dictating. A few of you, as I have, may have seen this concept of supervision carried out. If you did you know some of its weaknesses as well as some of its strengths. Few if any supervisors were prepared for their work. There were no courses. It was a narrow field and often the narrow individual fitted into it most satisfactorily. Nevertheless some values were passed on over the years.

Efforts for standardization appeared in 1893 in the first annual report of the Society of Superintendents. Courses in administration at Teachers College were dreamed of in 1903. Time studies were discussed at another annual meeting of the NLNE in 1912. Those with real discernment saw need for scientific management to lighten the supervisory process. Absolute standardization began to give way to study and to new methods which enabled the individual supervisor to think, to plan, to grow.

It is said that the body rests the little muscles by stretching the larger ones. Does the mind not also do this? We stretch out as we read and study. Administrative supervision as an entity in the profession is very young. At first the superintendent of nurses was administrator, teacher, supervisor. Then came the prepared teacher who combined the teaching for which she was prepared with the supervision for which she was not prepared. It is only about ten years since the modern administrative

Administrative changes were made in the Department of the Interior and the

Department of the Interior was reorganized in 1901.

However, no article on the subject of the Department of the Interior

is in the A. S. B. in the annual volume of the year 1901. The article

on the subject of the Department of the Interior is in the volume of the year

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supervisor was freed to concentrate on her own job, to build a plan to develop the supervisory process in nursing.

Even today success in supervision depends to a large degree on the individual supervisor's readiness to read and study on her own. It must be a continuing process. This workshop, it seems to me, should have widened and lengthened your total perspective in supervision. It should have strengthened your incentive to go ahead under your own power, knowing that all other supervisors are having similar problems, that you are all in this together, as is all Nursing Service Administration, and that there can be as needed times to stop to examine progress and clarify values together.

I would urge you to remember that you belong to one of the most important groups in the hospital. As executives you have, if you will take it, opportunity to study broad situations, to seek supporting assistance from many hospital resources, to work out appropriate plans, and to test and revise these plans as experience and study indicates.

No one of us knows enough to say what we shall have tomorrow, but we all can hold the values and the knowledge from past and present to meet the future. We can plan and make necessary changes. The team plan would have been impossible in 1920-1930 or even 1940. It will not be easy to make a plan today which will satisfy everyone. Remember this is an age of collision. Many groups are striving for identity, for a kind of superior power or command. Such competitive action often makes attempts at new plans difficult. Let us accept this fact, but remember for our own sakes that the more concerned an individual is over personal identity, the less well she will see her job or its purpose.

This insight for job and goal we cannot afford to miss. We, all of us in administration in nursing service, need to see our job responsibilities clearly, to recognize past progress, to hold past and values and face the problems of the future courageously and wisely - together.

Such an attitude I believe is a by-product from a meeting such as this, planned well by a discerning committee, but made successful only through the active participation of every individual member.

Ruth Sleeper
Director of the School of Nursing
and Nursing Service

RS:BF
7-21-58

This receipt is for the sum of \$100.00

received from the Treasurer of the County of []

for the purpose of []

and for no other purpose.

Witness my hand and seal of office

this 1st day of [] 19[]

at the City of []

County of [] State of []

John []
Treasurer of the County of []
and []

PAID TO THE ORDER OF []
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June 30, 1959

Much is being said and written today about the three-year school of nursing conducted by a hospital whose major purpose is the care of the sick. Should a three-year school be continued? Will such a school be able to provide the education needed for nursing today? Is it a proper educational function for a hospital to carry on?

All of these and many other related questions were answered more than fifteen years ago by the MGH School of Nursing faculty, the Advisory Council to the School, and the Hospital Trustees. After thorough study of the future needs in nursing it was decided not only to continue the three-year School, but to maintain continuing curriculum revision to insure a vital program geared to meet the changing need. It was further agreed that if the more remote future developments in nursing education indicated a need to change the pattern of the School's organization, this change could be made with least disruption if a program of high standards was maintained.

With belief in our own decision, curriculum study began during the war years. In 1948 the first results of this study became effective. A 28 months basic educational program was introduced, followed by an 8 months nursing internship. It was the belief of the faculty that a period of guided intensive experience built upon a sound preparation would have value in nursing education, as in other types of professional preparation in the health field. Ten years of observation and study of the plan convinced the faculty of its value. The first 28 months included the emphasis needed by the beginner; the last 8 months added the opportunities needed by the senior student in nursing. Examinations given at the 27th month indicated that the student nurses could secure a sound preparation for nursing in medical, surgical,

obstetric, pediatric and psychiatric nursing in a 28 months period. Skills, not only manual but social and judgmental, could be strengthened in 8 months of guided senior practice to the end that students would be more soundly prepared to move into graduate nursing practice. Examinations repeated at 34 months showed growth in all areas during the 8 months internship.

Although these ten years were years of continuing curriculum study, in 1955-56 it seemed wise again to consider more major revisions:

The schedule for the first six months of the first year was too heavy.

Social sciences needed greater emphasis.

Science learnings needed to be made more functional.

Repetition of teaching still occurred in some areas.

The program was not yet stimulating students sufficiently to study, think, and learn independently.

Assignments were not graded adequately, moving progressively from the level of the beginner to the senior student.

Classes remained too large for desired participation.

Beginning students needed more individual instruction in the nursing situation.

More economical use should be made of the instructors' time.

Learning to Nurse In September 1957 130 students entered the present program as freshmen. For these students there are three well defined years: the freshman year, with its introduction to the sciences and clinical nursing; the junior year, with its rotation through the clinical areas of obstetrics, pediatrics, psychiatry, and orthopedics, and experience with patients in The Clinics; the senior year, or the internship year, which includes Operating Room and other selected patient experiences.

The first year plan in brief is as follows: September to mid-October the student is introduced to the study of chemistry, anatomy & physiology, and sociology. In this concentrated study the student develops a core of science knowledge upon which she may base her continuing study of these subjects. In the sociology course, "Social Backgrounds," she is introduced to Boston, to its facilities, to the environment from which the major proportion of her patients will come, and in which she herself is to live. A series of group sessions with a psychologist at this time further assists the student with her adjustment to the School and to nursing.

There follows in mid-October a reduction in the science hours, with a continuing thread of science content related to the nursing studied. Psychology, "Personality Backgrounds," begins the study of the individual's growth and development. Nutrition and health education are included as a part of all instruction and learning in nursing. By January the medical and surgical aspects of nursing are introduced. Strands of science continue as part of all study and learning.

In March the freshman moves into the time schedule she will follow to the end of her second year; ward or clinic $3\frac{1}{2}$ days, classes 10-12 hours weekly. Diet kitchen experience is replaced by nutrition experience which develops this aspect of care as a part of the nursing care of any patient. A week each in medicine, surgery, and pediatrics, with a well selected assignment in planning, estimating, and serving diets, and in patient teaching, directed by the full time Instructor in Nutrition makes this a valuable learning experience. Further opportunities in obstetrics and psychiatric nursing complete the 1959 substitute for the old-time measuring, weighing, and cooking which seemed so far away from patients and their needs. Two weeks in the Recovery Room during

the surgical assignment assures experience in the care of the newly operated patient, no longer available on the ward. Four weeks in The Clinics with 3 Public Health Nurse Instructors provide the best the School can arrange in community related instruction and experience. To the classes at this time in Public Health is added further emphasis in patient teaching.

During the first and second year, students' and instructors' assignments are arranged to provide one instructor on the ward for each 4-6 students, and a sufficient number of other instructors to allow small group teaching in class room, and ward or clinic. There are no evening and night assignments except in Pediatrics.

Nursing to learn By the end of the second year the students have completed all State required courses except Operating Room and some Professional Adjustments. Class hours now are reduced to 3 weekly, and are included in the 5-day week assignment. That the nurse interne may begin to assume different relationships and responsibilities her assignment now is to the Head Nurse. Clinical Instructors are no longer on the ward to guide assignments, or to plan student time. These functions are now assumed by the Head Nurse. Instructors for the nurse internes plan the weekly conferences, and give overall guidance only.

The 3 conference hours weekly are planned in relation to the needs of a senior student. Introduction to team leadership responsibilities, the group process, approached from the senior's needs, Professional Adjustments, Disaster Nursing, and problems in advanced nursing are included. Evening and night assignments, assignments on intensive care units, assignments to new services not included in the first two years, add to the richness of the nursing experiences, and bring new and different demands for skills and for responsibility.

This fall, 1959, the first nurse internes on the revised program discard the flat student cap, worn for two years, and don the standard MGH cap. If you should come home to visit and talk to one of these students she would not tell you how much more time she has had for study or living; she would not discuss the integration which made her learnings more functional; she would not discuss the change in teaching methods which have helped her to think, to study, to question, to know, and to nurse. But if you could watch her in action we hope you would find her more understanding of people of all ages, of the family, and the community in which it lives; better able to relate to co-workers so as to assure the patient the best possible care; prepared to give the medical staff the assistance which will best strengthen its program; and through her nursing activities support the employing agency to the end that the community may best be served by all. We hope you would find a mature young woman, conscious of her responsibilities as a citizen and a nurse.

Finally, we hope you will realize why the MGH three-year School has been continued to provide its share of nurses for the health program of Massachusetts and the nation.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

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